



STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol
Georgia Department of Public Safety
P.O. Box 1456
Atlanta, Georgia 30371-1456

Crash Number C000099701-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000099701-01	Reporting Agency CAD Number GSPG12CAD000752
--------------------------------------	--	--	---

CRASH IDENTIFIERS

County of Crash DECATUR	City or Place of Crash <input type="checkbox"/> City Limits	Crash Date/Time 01/03/2012 01:29 PM	Reported Date/Time 01/03/2012 01:31 PM	Dispatched Date/Time 01/03/2012 01:32 PM
On Scene Date/Time 01/03/2012 01:41 PM	Cleared Scene Date/Time 01/03/2012 02:31 PM	Complete Date/Time 01/03/2012 02:31 PM	Reason (if Investigation Not Complete)	Source of Information LAW ENFORCEMENT AGENCY

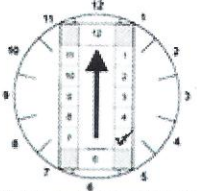
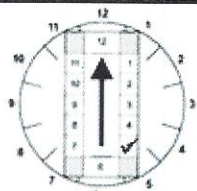
ROADWAY INFORMATION

Roadway Description for Location of Occurrence SR 310	Distance to City or Place of Crash	Latitude N 30 58 14.25	Longitude W 84 44 0.79
Intersecting Roadway Description for Location of Occurrence SR 38	Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System YES	Roadway Functional Class Type RURAL	Roadway Functional Class Detail PRINCIPAL ARTERIAL-OTHER	
Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection STOP SIGNS ON CROSS STREET ONLY	Mainline Number of Lanes at Intersection FOUR TO SIX LANES	Side Road Number of Lanes at Intersection TWO LANES	

CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	<input type="checkbox"/> Crash Pictures Taken							
First Harmful Event Type COLLISION NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT									
Total Counts	Vehicles 2	CMV 0	Motorists 2	Non-Motorists 0	Injured 1	Fatalities 0	Witnesses 0	Other Persons 0	Businesses 0	Violations 1
First Harmful Event's Relation to Junction CROSSOVER-RELATED	Is First Harmful Event within Interchange Area NO	Type of Intersection FOUR-WAY INTERSECTION								
Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment NONE								
Contributing Circumstances: Road NONE	Contributing Circumstances: Road NONE	Contributing Circumstances: Road NONE								
School Bus Related NO	Work Zone Related NO	Crash Location in Work Zone								

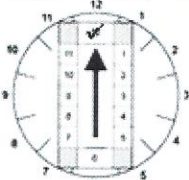
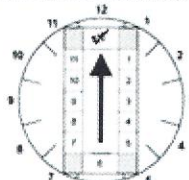
VEHICLE V01

<input checked="" type="checkbox"/> V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number FH3220	Registration Expires 2/29/2012	<input type="checkbox"/> Permanent Registration	VIN 1FT7W2BT8BFB68815
Year 2011	Make FORD	Model SRW SUPER DUTY	Style TK	Color GRN	Body Type Category PICKUP	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NO	Type of Bus Use NOT A BUS				
Owner First Name CIRCLE	Owner Middle Name C	Owner Last Name FARMS INC	Owner Suffix	Owner Business (if not Person)		
Address 1393 YATES SPRING RD	Address Other	City BRINSON	State GA	Zip Code 39825-2017		
Owner Phone Number	Owner Phone Number (other)	Insurance Company FIREMANS FUND INS	Insurance Policy Number MZA80284510			
Vehicle Removal DRIVEN - NOT DISABLED	Vehicle Towed By	Wrecker Selection Method				
Direction of Travel Before Crash SOUTHBOUND	Speed: Estimated 55	Posted 55	Roadway Type UNDIVIDED HIGHWAY	Total Lanes 2	Roadway Horizontal Alignment STRAIGHT	Roadway Grade LEVEL
Trafficway Description TWO-WAY NOT DIVIDED	Traffic Control Device Type YIELD SIGN	Working Properly YES				
Roadway Description for Vehicle Travel SR 310						
Vehicle Maneuver Action (by this vehicle) ENTERING TRAFFIC LANE	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	Damage Extent (for this vehicle) FUNCTIONAL DAMAGE				
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT	1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT					
2nd Sequence of Events Type (this vehicle) UNKNOWN	2nd Sequence of Events Detail (this vehicle)					
3rd Sequence of Events Type (this vehicle) UNKNOWN	3rd Sequence of Events Detail (this vehicle)					
4th Sequence of Events Type (this vehicle) UNKNOWN	4th Sequence of Events Detail (this vehicle)					
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT	Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT					
Contributing Circumstances 1 (this vehicle) NONE	Contributing Circumstances 2 (this vehicle)					
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown	Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown					

Occupant Type DRIVER	Person Name (First Middle Last Suffix) DONALD NATHAN ALBRITTON	Injury Status NO INJURY(O)
--------------------------------	--	--------------------------------------

VEHICLE V02

<input checked="" type="checkbox"/> V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number BKY5995	Registration Expires 6/15/2012	<input type="checkbox"/> Permanent Registration	VIN 1G1ND52J416152495
Year 2001	Make CHEVROLET	Model MALIBU	Style 4S	Color BGE	Body Type Category PASSENGER CAR	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NO	Type of Bus Use NOT A BUS				

Crash Number C000099701-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000099701-01		Reporting Agency CAD Number GSPG12CAD000752	
Owner First Name JOE		Owner Middle Name NATHAN		Owner Last Name WALLACE		Owner Suffix	
Owner Business (if not Person)		Address 5599 HWY 91		City DONALSONVILLE		State GA	
Owner Phone Number		Owner Phone Number (other)		Insurance Company PROGRESSIVE		Insurance Policy Number 19731513-9	
Vehicle Removal TOWED DUE TO DISABLING DAMAGE				Vehicle Towed By WESTSIDE TOWING		Wrecker Selection Method ROTATION	
Direction of Travel Before Crash EASTBOUND		Speed: Estimated 65		Roadway Type DIVIDED HIGHWAY		Total Lanes 4	
Trafficway Description TWO-WAY DIVIDED UNPROTECTED (PAINTED >4 FEET) MEDIAN		Traffic Control Device Type NO CONTROLS		Roadway Horizontal Alignment CURVE RIGHT		Roadway Grade LEVEL	
Roadway Description for Vehicle Travel SR 38				Working Properly			
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD				Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle) DISABLING DAMAGE	
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT				1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT			
2nd Sequence of Events Type (this vehicle) UNKNOWN				2nd Sequence of Events Detail (this vehicle)			
3rd Sequence of Events Type (this vehicle) UNKNOWN				3rd Sequence of Events Detail (this vehicle)			
4th Sequence of Events Type (this vehicle) UNKNOWN				4th Sequence of Events Detail (this vehicle)			
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT				Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT			
Contributing Circumstances 1 (this vehicle) NONE				Contributing Circumstances 2 (this vehicle) NONE			
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown 				Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown 			
Occupant Type DRIVER		Person Name (First Middle Last Suffix) KAYLA MAE WALLACE				Injury Status NON FATAL INJURY	
DRIVER V01							
Person Type DRIVER		NM#		Vehicle# V01		Person Type Detail	
First Name DONALD		Middle Name NATHAN		Last Name ALBRITTON		Suffix	
Date of Birth 10/29/1970		Age 41		Sex M			
Address 2851 FACEVILLE HWY		Address Other		City BAINBRIDGE		State GA	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL		Zip Code 39819	
Driver License Number 053859385		Class C		Expires 10/29/2016		State GA	
Jurisdiction 02		Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE			
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FAILED TO YIELD RIGHT-OF-WAY				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed DEPLOYED-SIDE				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail				Primary or Most Obvious of Body Area Injured During Crash	
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	
Violation Type Issued UNIFORM TRAFFIC CITATION		Number E00629279		Violation Description 40-6-72 (B) FAILURE TO STOP AT STOP SIGN			
DRIVER V02							
Person Type DRIVER		NM#		Vehicle# V02		Person Type Detail	
First Name KAYLA		Middle Name MAE		Last Name WALLACE		Suffix	
Date of Birth 11/02/1992		Age 19		Sex F			
Address 410 W 7TH ST		Address Other		City DONALSONVILLE		State GA	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL		Zip Code 39845	
Driver License Number 055253640		Class D		Expires 11/02/2013		State GA	
Jurisdiction 02		Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE			
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED			

Crash Number C000099701-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000099701-01		Reporting Agency CAD Number GSPG12CAD000752	
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed DEPLOYED-FRONT				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UPPER EXTREMITY			
Source of Transport to Medical Facility OTHER		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	

NARRATIVE: C000099701

Vehicle # 1 was attempting to cross SR 38 from SR 310. Vehicle # 2 was traveling eastbound on SR 38 in the outside lane of travel. Vehicle # 1 failed to yield to vehicle # 2 and pulled into its path of travel. The area of impact was in the outside lane of travel of SR 38. Final rest for vehicle #1 was on SR 310, south of the intersection. Final rest for vehicle # 2 was on the south shoulder of SR 38. Vehicle # 2 was removed by Westside Towing, and vehicle # 1 was removed by it's driver. The crash was recorded on DVD #209-001-2012

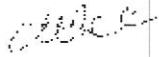

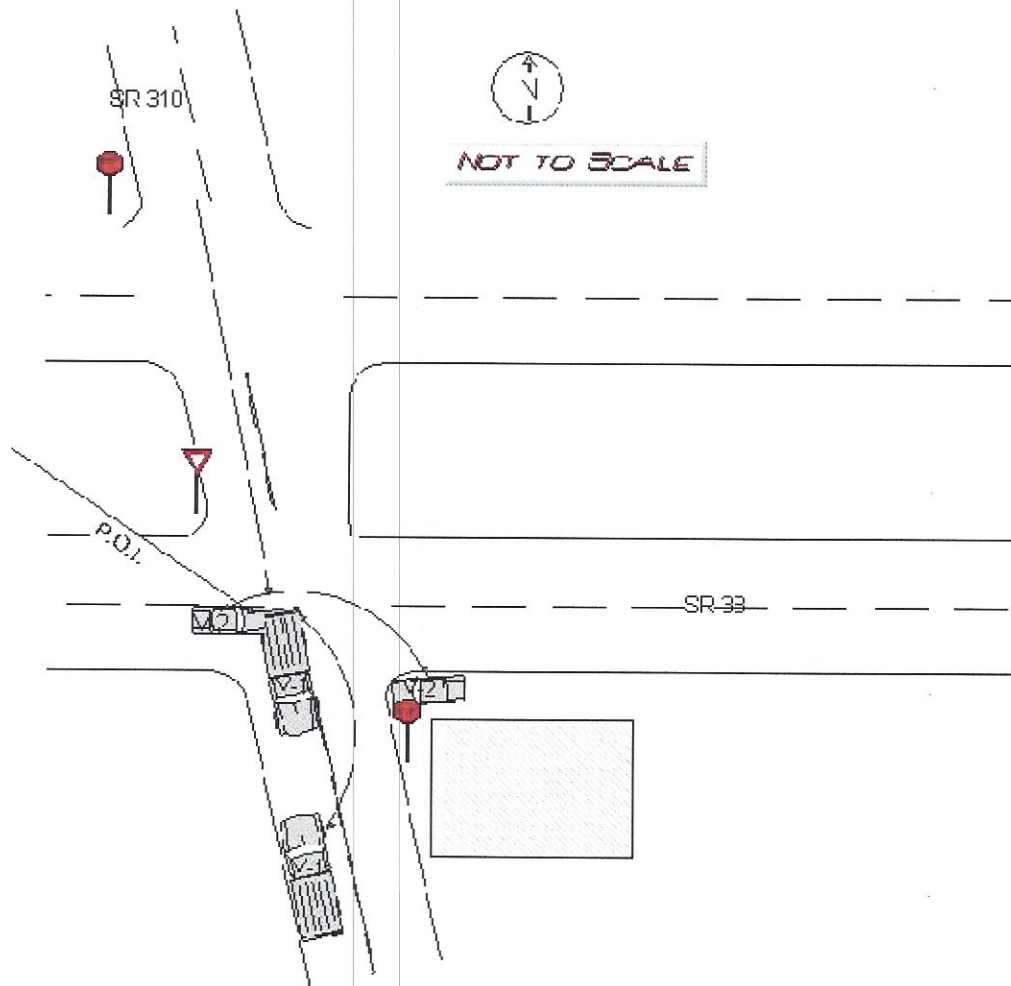
REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name HALL, C.	Signature 	Approving Officer Name PEEBLES, DANNY S	Signature 
ID Number 209	Rank TPR	ID Number 632	Rank CPL
Org / Unit G-14		Org / Unit G-14	

DIAGRAM OF ACCIDENT





STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol
Georgia Department of Public Safety
P.O. Box 1456
Atlanta, Georgia 30371-1456

Crash Number C000115055-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000115055	Reporting Agency CAD Number GSPG12CAD048526
--------------------------------------	--	---	---

CRASH IDENTIFIERS

County of Crash DECATUR	City or Place of Crash BRINSON	<input checked="" type="checkbox"/> City Limits	Crash Date/Time 10/28/2012 08:24 PM	Reported Date/Time 10/28/2012 08:24 PM	Dispatched Date/Time 10/28/2012 08:25 PM
On Scene Date/Time 10/28/2012 08:36 PM	Cleared Scene Date/Time 10/28/2012 09:37 PM	Complete Date/Time 10/28/2012 09:37 PM	Reason (if Investigation Not Complete)		Source of Information LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Roadway Description for Location of Occurrence SR310 SR38	Distance to City or Place of Crash	Latitude N 30 58 14.38	Longitude W 84 44 0.17
Intersecting Roadway Description for Location of Occurrence	Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System YES	Roadway Functional Class Type RURAL	Roadway Functional Class Detail PRINCIPAL ARTERIAL-OTHER	
Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection NO CONTROL	Mainline Number of Lanes at Intersection	Side Road Number of Lanes at Intersection	

CRASH INFORMATION

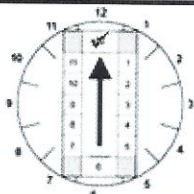
Light Condition DARK-NOT LIGHTED	Weather Condition CLEAR	Roadway Surface Condition DRY	<input type="checkbox"/> Crash Pictures Taken							
First Harmful Event Type COLLISION NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT									
Total Counts	Vehicles 2	CMV 1	Motorists 5	Non-Motorists 0	Injured 0	Fatalities 0	Witnesses 0	Other Persons 0	Businesses 0	Violations 6
First Harmful Event's Relation to Junction NON-JUNCTION	Is First Harmful Event within Interchange Area NO		Type of Intersection NOT AT INTERSECTION							
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE						
Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE						
School Bus Related NO		Work Zone Related NO		Crash Location in Work Zone						

VEHICLE V01

<input checked="" type="checkbox"/> V01 Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number BL08354	Registration Expires 08/18/2013	<input type="checkbox"/> Permanent Registration	VIN 1Y1SK52861Z438100	
Year 2001	Make CHEVROLET	Model PRIZM PRIZM/LS	Style 4S	Color RED	Body Type Category PASSENGER CAR	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		
Owner First Name BENNY	Owner Middle Name WILLIE	Owner Last Name KIMMINS	Owner Suffix	Owner Business (if not Person)		
Address 1367 WHITES BRIDGE RD		Address Other		City COLQUITT	State GA	Zip Code 31737-5635
Owner Phone Number	Owner Phone Number (other)	Insurance Company EDISON	Insurance Policy Number 23875		Wrecker Selection Method OWNER REQUEST	
Vehicle Removal TOWED DUE TO DISABLING DAMAGE	Vehicle Towed By CHAPMANS		Roadway Grade LEVEL			
Direction of Travel Before Crash NORTHBOUND	Speed: Estimated 55	Posted 55	Roadway Type DIVIDED HIGHWAY	Total Lanes 4	Roadway Horizontal Alignment STRAIGHT	Roadway Grade LEVEL
Trafficway Description TWO-WAY NOT DIVIDED		Traffic Control Device Type NO CONTROLS		Working Properly		
Roadway Description for Vehicle Travel GA38, GA310, DEC						
Vehicle Maneuver Action (by this vehicle) UNKNOWN		Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle) DISABLING DAMAGE		
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT		1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT				
2nd Sequence of Events Type (this vehicle) UNKNOWN		2nd Sequence of Events Detail (this vehicle)				
3rd Sequence of Events Type (this vehicle) UNKNOWN		3rd Sequence of Events Detail (this vehicle)				
4th Sequence of Events Type (this vehicle) UNKNOWN		4th Sequence of Events Detail (this vehicle)				
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT		Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT				
Contributing Circumstances 1 (this vehicle) OTHER		Contributing Circumstances 2 (this vehicle) NONE				

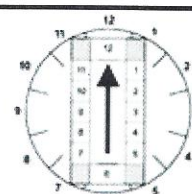
Area of Initial Impact

- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Most Damaged Area

- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Occupant Type
DRIVER
PASSENGER
PASSENGER
PASSENGER

Person Name (First Middle Last Suffix)
TAMMY SUE JONES
BENNY WILLIE KIMMINS
JAY KIMMINS
DILLEN JONES

Injury Status
NO INJURY(O)
NO INJURY(O)
NO INJURY(O)
NO INJURY(O)

Crash Number C000115055-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000115055	Reporting Agency CAD Number GSPG12CAD048526
--------------------------------------	--	---	---

VEHICLE V02

<input checked="" type="checkbox"/> V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State AL	License Number 1077990	Registration Expires 10/31/2013	<input type="checkbox"/> Permanent Registration	VIN 4VANC9EH6DN1139952
Year 2013	Make VOLVO	Model VMO/ VST/ TR	Style TRACTOR TRK - DIESEL	Color WHT	Body Type Category MEDIUM / HEAVY TRUCKS (MORE THAN 10000 LBS (4536	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		
Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix	Owner Business (if not Person) ALABAMA MOTOR EXPRESS		
Address 10720 EAST US HWY 84		Address Other		City ASHFORD	State AL	Zip Code 36312
Owner Phone Number 334-242-2999		Owner Phone Number (other)		Insurance Company GREAT WEST CASUALTY	Insurance Policy Number GWP91971A	
Vehicle Removal DRIVEN - NOT DISABLED		Vehicle Towed By		Wrecker Selection Method		
Trailer One	State TN	License Number U381855	Registration Expires <input checked="" type="checkbox"/> Permanent Registration	VIN 1GRAA06206340782	Year 2006	Make GDAN
				Model 1GR	Color WHT	Length 53
						Axles 2
Direction of Travel Before Crash FASTBOUND		Speed: Estimated 65	Posted 65	Roadway Type DIVIDED HIGHWAY	Total Lanes 4	Roadway Horizontal Alignment STRAIGHT
Trafficway Description TWO-WAY NOT DIVIDED		Roadway Description for Vehicle Travel GA38 GA310 DECATUR		Traffic Control Device Type NO CONTROLS		Working Properly
Vehicle Maneuver Action (by this vehicle) UNKNOWN		Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle) MINOR DAMAGE		
2nd Sequence of Events Type (this vehicle) UNKNOWN		2nd Sequence of Events Detail (this vehicle)				
3rd Sequence of Events Type (this vehicle) UNKNOWN		3rd Sequence of Events Detail (this vehicle)				
4th Sequence of Events Type (this vehicle) UNKNOWN		4th Sequence of Events Detail (this vehicle)				
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT		Most Harmful Event Detail (this vehicle)				
Contributing Circumstances 1 (this vehicle) NONE		Contributing Circumstances 2 (this vehicle) NONE				
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown		Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				

<input checked="" type="checkbox"/> CMV	Gross Vehicle Weight Rating 10000 LBS (4536 KG) OR LESS	Commercial Motor Vehicle Configuration TRUCK TRACTOR/SEMI-TRAILER
Hazardous Materials Released From Cargo NO		Placard Hazardous Material Number
Motor Carrier Name ALABAMA MOTOR EXPRESS		US DOT Number 325932
Address 10720 EAST US 84		Motor Carrier State AL
Phone Number 334-242-2999	Source of Information	Motor Carrier Commercial / Non-Commercial INTERSTATE CARRIER
Occupant Type DRIVER	Person Name (First Middle Last Suffix) RUBEN DANIELS	Injury Status NO INJURY(O)

DRIVER V01

<input checked="" type="checkbox"/> Person Type	NM#	Vehicle#	Person Type Detail
DRIVER		V01	
First Name TAMMY	Middle Name SUE	Last Name JONES	Suffix
Address 228 E GROW ST LOT 4		City COLQUITT	State GA
Phone Number	Phone Number (other)	Date of Birth 10/16/1980	
Condition at Time of Crash UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL		Age 32	Sex F
Driver License Number 056883634	Class C	Expires 10/16/2014	Status VALID LICENSE
Drivers License Restrictions 1 NONE	Drivers License Restrictions 2 NONE	Drivers License Restrictions 3 NONE	
Driver Distracted By UNKNOWN	Driver Vision Obstructions VISION NOT OBSCURED		
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) RAN STOP SIGN	Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION	Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat LEFT	Motor Vehicle Seating Position: Other <input type="checkbox"/> Seating Position Unknown	
Restraint Systems UNKNOWN		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED	
Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)	Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
Law Enforcement Suspected Alcohol Use YES	Alcohol Test Type BLOOD	Alcohol Tested TEST REFUSED	Alcohol Test Result BAC
Law Enforcement Suspected Drug Use YES	Drug Test Type BLOOD	Drug Tested TEST REFUSED	Drug Test Result

Crash Number C000115055-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000115055	Reporting Agency CAD Number GSPG12CAD048526
--------------------------------------	--	---	---

Violation Type Issued	Number	Violation Description
UNIFORM TRAFFIC CITATION	E01024435	40-6-72 (B) FAILURE TO STOP AT STOP SIGN
UNIFORM TRAFFIC CITATION	E01024437	40-6-390 RECKLESS DRIVING
UNIFORM TRAFFIC CITATION	E01024434	16-5-60 RECKLESS CONDUCT
UNIFORM TRAFFIC CITATION	E01024433	40-6-253 POSSESSION OF OPEN CONTAINER IN VEHICLE PASSENGER AREA
UNIFORM TRAFFIC CITATION	E01024432	40-6-391(A)(1) DUI / ALCOHOL / LESS SAFE
UNIFORM TRAFFIC CITATION	E01024436	40-6-391(L) ENDANGERING CHILD UNDER 14 YOA WHILE DUI

PASSENGER V01

Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name BENNY	Middle Name WILLIE	Last Name KIMMINS	Suffix	Date of Birth 08/18/1962	Age 50	Sex M
Address 1367 WHITES BRIDGE RD		Address Other		City COLQUITT	State GA	Zip Code 39837
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat RIGHT	Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown	
Restraint Systems UNKNOWN		Helmet Use				
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED				
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash	
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result			

PASSENGER V01

Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name JAY	Middle Name	Last Name KIMMINS	Suffix	Date of Birth 02/03/2002	Age 10	Sex M
Address 1367 WHITES BRIDGE RD		Address Other		City COLQUITT	State GA	Zip Code 39837
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row SECOND	Motor Vehicle Seating Position: Seat MIDDLE	Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown	
Restraint Systems UNKNOWN		Helmet Use				
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED				
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash	
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To			
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result			

PASSENGER V01

Person Type PASSENGER	NM#	Vehicle# V01	Person Type Detail			
First Name DILLEN	Middle Name	Last Name JONES	Suffix	Date of Birth 09/29/1998	Age 14	Sex M
Address 228 E GROW ST LOT 4		Address Other		City COLQUITT	State GA	Zip Code 39837
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row SECOND	Motor Vehicle Seating Position: Seat RIGHT	Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown	
Restraint Systems UNKNOWN		Helmet Use				
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED				
Trapped Extrication NOT TRAPPED						
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash	
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type	Alcohol Tested TEST NOT GIVEN	Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type	Drug Tested TEST NOT GIVEN	Drug Test Result			

DRIVER V02

Person Type DRIVER	NM#	Vehicle# V02	Person Type Detail			
First Name RUBEN	Middle Name	Last Name DANIELS	Suffix	Date of Birth 10/23/1959	Age 53	Sex M
Address 3107 BAL FOUR DR		Address Other		City DOTHAN	State AL	Zip Code 36303
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL				
Driver License Number 3882575	Class AM	Expires 03/09/2016	State AL	Jurisdiction 02	Type COMMERCIAL DRIVER LICENSE (CDL)	Status VALID LICENSE
Commercial Motor Vehicle Endorsements X-COMBINED TANK/HAZ-MAT						<input type="checkbox"/> Recommend Driver ReExam
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE		

Crash Number C000115055-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000115055		Reporting Agency CAD Number GSPG12CAD048526	
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash			
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	

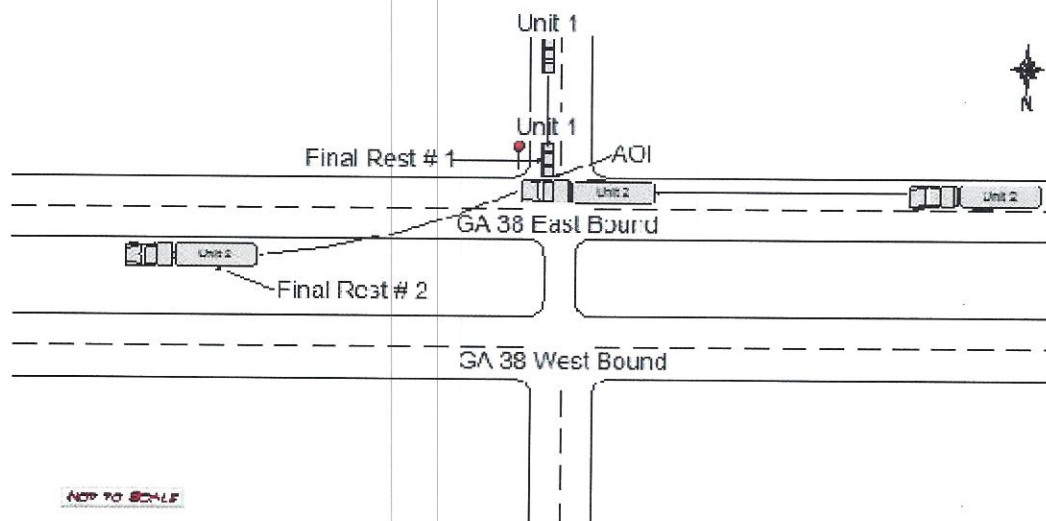
NARRATIVE: C000115055

Vehicle # 1 was traveling north on GA 310. Vehicle # 2 was traveling east on GA 38. Vehicle # 1 ran the stop sign at the intersection of GA 310 and GA 38. Vehicle # 1 skidded 69 Ft and struck vehicle # 2 on the passenger side of the truck cab. Final rest of vehicle # 1 was in the roadway way of GA 310. Vehicle # 2 continued east on GA 38 and pulled over onto the north shoulder.

Note: This traffic crash was recorded by DVD # 618-034-2012

REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name KIRKUS, J.	Signature	Approving Officer Name GODBY, C	Signature
ID Number 0618	Rank TFC	ID Number 0372	Rank SFC
Org / Unit G-14		Org / Unit G-14	

DIAGRAM OF ACCIDENT





STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol
Georgia Department of Public Safety
P.O. Box 1456
Atlanta, Georgia 30371-1456

Crash Number C000148637-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000148637	Reporting Agency CAD Number GSPG13CAD011024
--------------------------------------	--	---	---

CRASH IDENTIFIERS

County of Crash DECATUR	City or Place of Crash <input type="checkbox"/> City Limits	Crash Date/Time 03/13/2013 07:40 AM	Reported Date/Time 03/13/2013 07:42 AM	Dispatched Date/Time 03/13/2013 07:42 AM
On Scene Date/Time 03/13/2013 07:42 AM	Cleared Scene Date/Time 03/13/2013 08:28 AM	Complete Date/Time 03/13/2013 08:18 AM	Reason (if Investigation Not Complete)	Source of Information LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Roadway Description for Location of Occurrence SR 38	Distance to City or Place of Crash	Latitude N 30 58 14.18	Longitude W 84 43 59.95
Intersecting Roadway Description for Location of Occurrence SR 310	Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System NO	Roadway Functional Class Type RURAL	Roadway Functional Class Detail PRINCIPAL ARTERIAL-OTHER	
Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection NO CONTROL	Mainline Number of Lanes at Intersection	Side Road Number of Lanes at Intersection	

CRASH INFORMATION

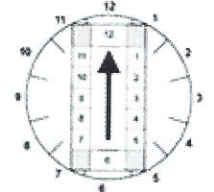
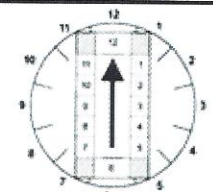
Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	<input type="checkbox"/> Crash Pictures Taken
First Harmful Event Type NON-COLLISION	First Harmful Event Detail		

Total Counts	Vehicles 1	CMV 0	Motorists 1	Non-Motorists 0	Injured 0	Fatalities 0	Witnesses 0	Other Persons 0	Businesses 0	Violations 0
First Harmful Event's Relation to Junction NON-JUNCTION		Is First Harmful Event within Interchange Area NO		Type of Intersection NOT AT INTERSECTION						
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE						
Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE						
School Bus Related NO		Work Zone Related NO		Crash Location in Work Zone						

VEHICLE V01

Motor Vehicle Type V01	Motor Vehicle in Transport		State GA	License Number BRX7827	Registration Expires 05/03/2013	<input type="checkbox"/> Permanent Registration	VIN 1FAPF34P03W123271
Year 2003	Make FORD	Model FOCUS SE/SE CM	Style 4S	Color SIL	Body Type Category PASSENGER CAR		
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS			
Owner First Name ANGELA	Owner Middle Name YVONNE	Owner Last Name MITCHELL	Owner Suffix	Owner Business (if not Person)			
Address CUSTOMER ID: 55902690 DO		Address Other		City JAMES NATHANIEL WRIGHT	State 1	Zip Code 3 REYNOLDS	
Owner Phone Number	Owner Phone Number (other)	Insurance Company PERMANENT GENERAL ASSURANCE CORP.		Insurance Policy Number 16GA1318969			
Vehicle Removal DRIVEN - NOT DISABLED		Vehicle Towed By		Wrecker Selection Method			
Direction of Travel Before Crash WESTBOUND	Speed: Estimated 65	Posted 65	Roadway Type DIVIDED HIGHWAY	Total Lanes 4	Roadway Horizontal Alignment CURVE LEFT	Roadway Grade LEVEL	
Trafficway Description TWO-WAY DIVIDED POSITIVE MEDIAN BARRIER		Traffic Control Device Type NO CONTROLS		Working Properly			
Roadway Description for Vehicle Travel SR 38 @ SR 310							

Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	Damage Extent (for this vehicle) MINOR DAMAGE
1st Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT		1st Sequence of Events Detail (this vehicle)
2nd Sequence of Events Type (this vehicle) UNKNOWN		2nd Sequence of Events Detail (this vehicle)
3rd Sequence of Events Type (this vehicle) UNKNOWN		3rd Sequence of Events Detail (this vehicle)
4th Sequence of Events Type (this vehicle) UNKNOWN		4th Sequence of Events Detail (this vehicle)
Most Harmful Event Type (this vehicle) NON-COLLISION		Most Harmful Event Detail (this vehicle) OTHER NON-COLLISION
Contributing Circumstances 1 (this vehicle) NONE		Contributing Circumstances 2 (this vehicle) NONE

Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown		Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown	
---	---	--	---

Occupant Type DRIVER	Person Name (First Middle Last Suffix) ADREL JYTERIOUS BOWDEN	Injury Status NO INJURY(O)
--------------------------------	---	--------------------------------------

DRIVER V01



Person Type DRIVER	NM#	Vehicle# V01	Person Type Detail
First Name ADREL	Middle Name JYTERIOUS	Last Name BOWDEN	Suffix
Date of Birth 11/05/1995	Age 17	Sex M	

Crash Number C000148637-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY			Reporting Agency Case Number C000148637		Reporting Agency CAD Number GSPG13CAD011024	
Address 2669 DOZIER RD			Address Other			City IRON CITY		State GA
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			Zip Code 39859	
Driver License Number 057748064		Class D	Expires 11/05/2017	State GA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE	Status VALID LICENSE	
Drivers License Restrictions 1 NONE			Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE		
Driver Distracted By UNKNOWN				Driver Vision Obstructions VISION NOT OBSCURED				
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OTHER CONTRIBUTING ACTION				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use				
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED				
Trapped Extrication NOT TRAPPED								
Injury Severity Level Type NO INJURY(O)			Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash		
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To		
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result		BAC
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result		

NARRATIVE: C000148637

Vehicle #1 was traveling west on SR 38 in the outside traffic lane. The right rear tire on the vehicle suddenly deflated causing the driver to lose control. Vehicle #1 rotated counterclockwise across both lanes and came to an uncontrolled rest in the grass median just before the intersection with SR 310.

Crash scene recorded on DVD 372-008-13.

REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name GODBY, C	Signature 	Approving Officer Name VANLANDINGHAM JR, J.	Signature 
ID Number 0372	Rank SFC	ID Number 0551	Rank SERGEANT
Org / Unit G-14		Org / Unit G-14	

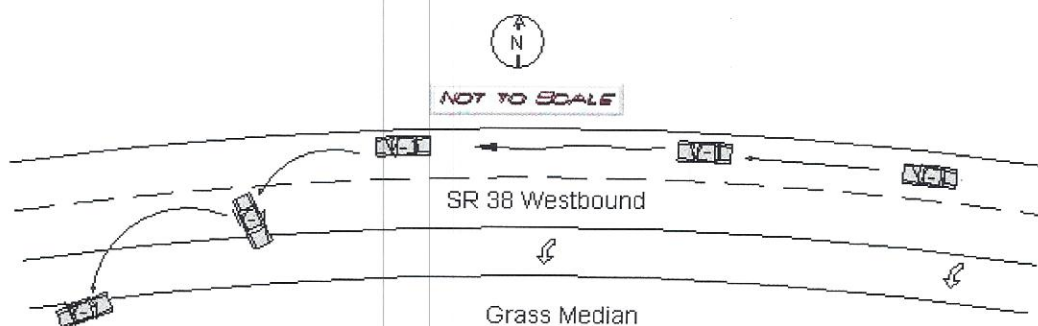
Crash Number
C000148637-01

Reporting Agency
GEORGIA DEPARTMENT OF PUBLIC SAFETY

Reporting Agency Case Number
C000148637

Reporting Agency CAD Number
GSPG13CAD011024

DIAGRAM OF ACCIDENT





STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol
Georgia Department of Public Safety
P.O. Box 1456
Atlanta, Georgia 30371-1456

Crash Number C000144638-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000144638	Reporting Agency CAD Number GSPG13CAD016535
--------------------------------------	--	---	---

CRASH IDENTIFIERS

County of Crash DECATUR	City or Place of Crash <input type="checkbox"/> City Limits	Crash Date/Time 04/15/2013 10:24 AM	Reported Date/Time 04/15/2013 10:24 AM	Dispatched Date/Time 04/15/2013 10:25 AM
On Scene Date/Time 04/15/2013 10:43 AM	Cleared Scene Date/Time 04/15/2013 11:27 AM	Complete Date/Time 04/15/2013 11:27 AM	Reason (if Investigation Not Complete)	Source of Information LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Roadway Description for Location of Occurrence GA 38, GA 310	Distance to City or Place of Crash	Latitude N 30 58 14.62	Longitude W 84 44 0.47
Intersecting Roadway Description for Location of Occurrence GA 38, GA 310	Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System YES	Roadway Functional Class Type RURAL	Roadway Functional Class Detail PRINCIPAL ARTERIAL-OTHER	
Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection NO CONTROL	Mainline Number of Lanes at Intersection	Side Road Number of Lanes at Intersection	

CRASH INFORMATION

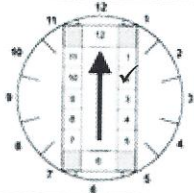
Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	<input type="checkbox"/> Crash Pictures Taken							
First Harmful Event Type COLLISION NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT									
Total Counts	Vehicles 2	CMV 0	Motorists 3	Non-Motorists 0	Injured 1	Fatalities 0	Witnesses 0	Other Persons 0	Businesses 0	Violations 1
First Harmful Event's Relation to Junction NON-JUNCTION	Is First Harmful Event within Interchange Area NO		Type of Intersection FOUR-WAY INTERSECTION							
Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE							
Contributing Circumstances: Road NONE	Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE							
School Bus Related NO	Work Zone Related NO		Crash Location in Work Zone							

VEHICLE V01

<input checked="" type="checkbox"/> V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number BCG2816	Registration Expires 05/31/2013	<input type="checkbox"/> Permanent Registration	VIN 3D7KS26C67G15120
Year 2007	Make DODGE	Model RAM TRUCK 2500	Style TK	Color SIL	Body Type Category PICKUP	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		
Owner First Name JOHN	Owner Middle Name BRIDGES	Owner Last Name FARM	Owner Suffix	Owner Business (if not Person)		
Address 771 BRINSON COLQUITT RD		Address Other		City BRINSON	State GA	Zip Code 39825-1732
Owner Phone Number		Owner Phone Number (other)		Insurance Company FARM BUREAU	Insurance Policy Number AFV0260183	
Vehicle Removal DRIVEN - NOT DISABLED		Vehicle Towed By		Wrecker Selection Method		
Direction of Travel Before Crash NORTHBOUND	Speed: Estimated 55	Posted 55	Roadway Type DIVIDED HIGHWAY	Total Lanes 4	Roadway Horizontal Alignment STRAIGHT	Roadway Grade LEVEL
Trafficway Description TWO-WAY DIVIDED UNPROTECTED (PAINTED >4 FEET) MEDIAN			Traffic Control Device Type NO CONTROLS		Working Properly	
Roadway Description for Vehicle Travel GA 310 NORTH BOUND						
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD		Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle) FUNCTIONAL DAMAGE		
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT		1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT				
2nd Sequence of Events Type (this vehicle) UNKNOWN		2nd Sequence of Events Detail (this vehicle)				
3rd Sequence of Events Type (this vehicle) UNKNOWN		3rd Sequence of Events Detail (this vehicle)				
4th Sequence of Events Type (this vehicle) UNKNOWN		4th Sequence of Events Detail (this vehicle)				
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT		Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT				
Contributing Circumstances 1 (this vehicle) OTHER		Contributing Circumstances 2 (this vehicle) NONE				

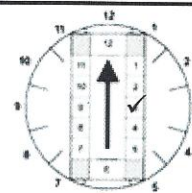
Area of Initial Impact

- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Most Damaged Area

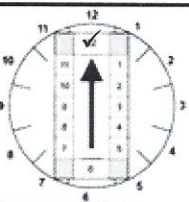
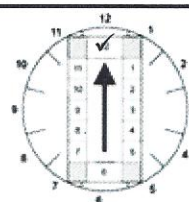
- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Occupant Type DRIVER	Person Name (First Middle Last Suffix) ALLEN KIETH BRACKIN	Injury Status NO INJURY(O)
--------------------------------	--	--------------------------------------

VEHICLE V02

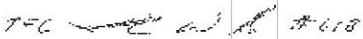

<input checked="" type="checkbox"/> V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number ADI7708	Registration Expires 03/31/2014	<input type="checkbox"/> Permanent Registration	VIN WBABN33422JW60934
Year 2002	Make BMW	Model 325CI	Style CP	Color BLU	Body Type Category PASSENGER CAR	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		

Crash Number C000144638-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000144638		Reporting Agency CAD Number GSPG13CAD016535	
Owner First Name JOSE		Owner Middle Name ALFREDO		Owner Last Name MOTA-RUIZ		Owner Suffix	
Owner Business (if not Person)		Address 710 GORDON AVE APT C12		City BAINBRIDGE		State GA	
Owner Phone Number		Owner Phone Number (other)		Insurance Company PROVIDERS INSURANCE		Insurance Policy Number 71261009-9	
Vehicle Removal DRIVEN - NOT DISABLED		Vehicle Towed By CHAPMANS		Wrecker Selection Method OWNER REQUEST			
Direction of Travel Before Crash WESTBOUND		Speed: Estimated 65		Roadway Type DIVIDED HIGHWAY		Total Lanes 4	
Roadway Horizontal Alignment STRAIGHT		Roadway Grade LEVEL		Traffic Control Device Type NO CONTROLS		Working Properly	
Trafficway Description TWO-WAY DIVIDED UNPROTECTED (PAINTED >4 FEET) MEDIAN		Roadway Description for Vehicle Travel GA 38 WEST BOUND					
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD		Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle) DISABLING DAMAGE			
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT		1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT					
2nd Sequence of Events Type (this vehicle) UNKNOWN		2nd Sequence of Events Detail (this vehicle)					
3rd Sequence of Events Type (this vehicle) UNKNOWN		3rd Sequence of Events Detail (this vehicle)					
4th Sequence of Events Type (this vehicle) UNKNOWN		4th Sequence of Events Detail (this vehicle)					
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT		Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT					
Contributing Circumstances 1 (this vehicle) NONE		Contributing Circumstances 2 (this vehicle) NONE					
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown			
Occupant Type DRIVER		Person Name (First Middle Last Suffix) ALFREDO MOTA RUIZ		Injury Status NO INJURY(O)			
PASSENGER		JOEL MORALES LOPEZ		NON FATAL INJURY			
DRIVER V01							
Person Type DRIVER		NM#		Vehicle# V01		Person Type Detail	
First Name ALLEN		Middle Name KIETH		Last Name BRACKIN		Suffix	
Date of Birth 10/05/1950		Age 62		Sex M			
Address 1723 FRANK BRASWELL RD		Address Other		City BRINSON		State GA	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL		Zip Code 39825	
Driver License Number 256888059		Class C		Expires 10/05/2015		State GA	
Jurisdiction 02		Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE			
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions ALL OTHER (EXPLAINED IN NARRATIVE)					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FAILED TO YIELD RIGHT-OF-WAY		Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED		Helmet Use					
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED					
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash			
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	
Violation Type Issued UNIFORM TRAFFIC CITATION		Number E01180790		Violation Description 40-6-70 FAILURE TO YIELD AT INTERSECTION OF ROADWAYS			
DRIVER V02							
Person Type DRIVER		NM#		Vehicle# V02		Person Type Detail	
First Name ALFREDO		Middle Name MOTA		Last Name RUIZ		Suffix	
Date of Birth 03/31/1972		Age 41		Sex M			
Address 710 GORDON AVE APT -C12		Address Other		City BAINBRIDGE		State GA	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL		Zip Code 39819	
Driver License Number		Class		Expires		State GA	
Jurisdiction 02		Type NON-CDL DRIVER'S LICENSE		Status NOT LICENSED			
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions VISION NOT OBSCURED					

Crash Number C000144638-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000144638		Reporting Agency CAD Number GSPG13CAD016535	
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash			
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	
PASSENGER V02							
Person Type PASSENGER		NM#		Vehicle# V02		Person Type Detail	
First Name JOEL		Middle Name MORALES		Last Name LOPEZ		Suffix	
Date of Birth 12/22/1982		Age 30		Sex M			
Address 1620 BETHEL ROAD		Address Other		City BAINBRIDGE		State GA	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL		Zip Code 39819	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed DEPLOYED-FRONT				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UPPER EXTREMITY			
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID DECATUR COUNTY EMS		EMS Run Number 001		Medical Facility Transported To BAINBRIDGE HOSPITAL	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	
NARRATIVE: C000144638							

Vehicle # 1 was traveling north on GA 310 pulling a tandem axle water tank. Vehicle # 2 was traveling west on GA 38. Vehicle # 1 crossed GA 38 east bound lane into the intersection of GA 38 and GA 310. Vehicle # 1 failed to yield the right away to vehicle # 2. Vehicle # 2 skidded 89 Ft and struck vehicle # 1 in the right side quarter panel. The final rest of both vehicles was in the roadway of GA 38 in the westbound lane.

Note: This traffic crash was recorded by DVD # 618-013-2013

REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name KIRKUS, J.	Signature 	Approving Officer Name JONES, K.	Signature 
ID Number 0618	Rank TFC	ID Number 0519	Rank CORPORAL
Org / Unit G-14		Org / Unit G-14	

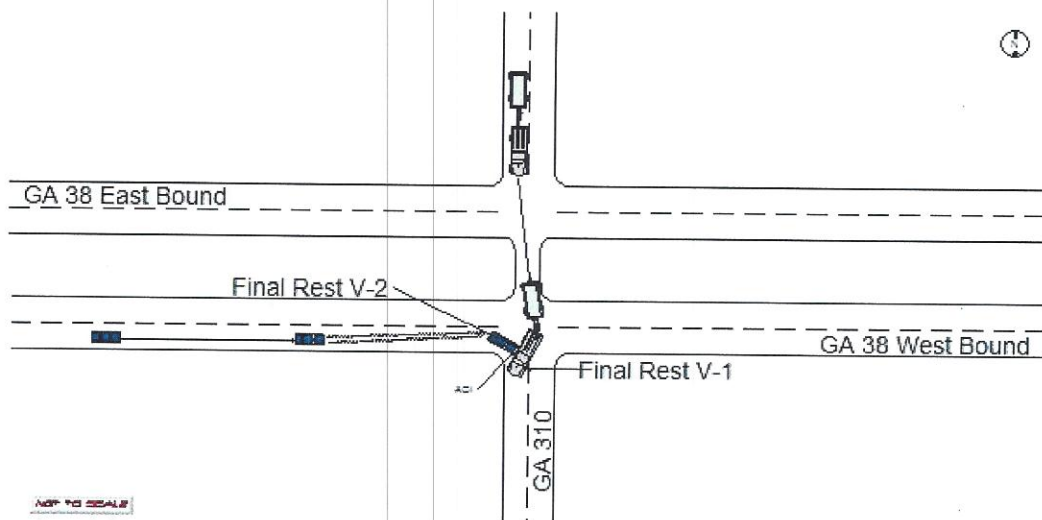
Crash Number
C000144638-01

Reporting Agency
GEORGIA DEPARTMENT OF PUBLIC SAFETY

Reporting Agency Case Number
C000144638

Reporting Agency CAD Number
GSPG13CAD016535

DIAGRAM OF ACCIDENT





STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol
Georgia Department of Public Safety
P.O. Box 1456
Atlanta, Georgia 30371-1456

Crash Number C000148642-02	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000148642	Reporting Agency CAD Number GSPG13CAD019230
--------------------------------------	--	---	---

CRASH IDENTIFIERS

County of Crash DECATUR	City or Place of Crash BRINSON	<input checked="" type="checkbox"/> City Limits	Crash Date/Time 05/01/2013 12:35 PM	Reported Date/Time 05/01/2013 12:41 PM	Dispatched Date/Time 05/01/2013 12:42 PM
On Scene Date/Time 05/01/2013 12:57 PM	Cleared Scene Date/Time 05/01/2013 04:32 PM	Complete Date/Time 05/01/2013 04:32 PM	Reason (if Investigation Not Complete)		Source of Information LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Roadway Description for Location of Occurrence SR 38	Distance to City or Place of Crash	Latitude N 30 58 14.67	Longitude W 84 44 0.62
Intersecting Roadway Description for Location of Occurrence SR 310	Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System NO	Roadway Functional Class Type RURAL	Roadway Functional Class Detail PRINCIPAL ARTERIAL-OTHER	
Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection STOP SIGNS ON CROSS STREET ONLY	Mainline Number of Lanes at Intersection	Side Road Number of Lanes at Intersection	

CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	<input type="checkbox"/> Crash Pictures Taken
First Harmful Event Type COLLISION NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT		

Total Counts	Vehicles 2	CMV 1	Motorists 3	Non-Motorists 0	Injured 2	Fatalities 0	Witnesses 0	Other Persons 0	Businesses 0	Violations 2
First Harmful Event's Relation to Junction INTERSECTION-RELATED		Is First Harmful Event within Interchange Area YES		Type of Intersection FOUR-WAY INTERSECTION						
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE						
Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE						
School Bus Related NO		Work Zone Related NO		Crash Location in Work Zone						

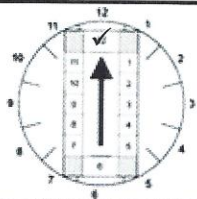
VEHICLE V01

Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number CAA2114	Registration Expires 02/28/2014	<input type="checkbox"/> Permanent Registration	VIN 1GCBS14E3K2231061
Year 1989	Make CHEVROLET	Model 'S' TRUCK	Style TK	Color GRY	Body Type Category PICKUP
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS	
Owner First Name AARON	Owner Middle Name MICHAEL	Owner Last Name BRYAN	Owner Suffix	Owner Business (if not Person)	
Address 207 COUNTRY CLUB RD		Address Other		City BAINBRIDGE	State GA
Owner Phone Number	Owner Phone Number (other)	Insurance Company THE GENERAL	Insurance Policy Number UNKNOWN		
Vehicle Removal TOWED DUE TO DISABLING DAMAGE		Vehicle Towed By RATHELS		Wrecker Selection Method OWNER REQUEST	
Direction of Travel Before Crash SOUTHBOUND	Speed: Estimated 55	Posted 55	Roadway Type UNDIVIDED HIGHWAY	Total Lanes 2	Roadway Horizontal Alignment STRAIGHT
Trafficway Description TWO-WAY NOT DIVIDED		Traffic Control Device Type STOP SIGN		Working Properly YES	
Roadway Description for Vehicle Travel SR 310					

Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	Damage Extent (for this vehicle) DISABLING DAMAGE
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT		1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT
2nd Sequence of Events Type (this vehicle) UNKNOWN		2nd Sequence of Events Detail (this vehicle)
3rd Sequence of Events Type (this vehicle) UNKNOWN		3rd Sequence of Events Detail (this vehicle)
4th Sequence of Events Type (this vehicle) UNKNOWN		4th Sequence of Events Detail (this vehicle)
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT		Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT
Contributing Circumstances 1 (this vehicle) UNKNOWN		Contributing Circumstances 2 (this vehicle) NONE

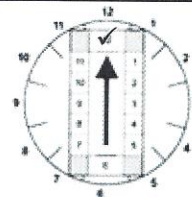
Area of Initial Impact

- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Most Damaged Area

- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Occupant Type DRIVER PASSENGER	Person Name (First Middle Last Suffix) AARON MICHAEL BRYAN MICHAEL ANTHONY MCENTEE	Injury Status NON FATAL INJURY NON FATAL INJURY
--	--	---

VEHICLE V02

Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number IR2132	Registration Expires 02/28/2014	<input type="checkbox"/> Permanent Registration	VIN 2HSCESBR65C031038
Year 2005	Make INTERNATIONAL	Model 9200 SERIES 92	Style TR	Color BLK	Body Type Category MEDIUM / HEAVY TRUCKS (MORE THAN 10000 LBS (4536

Crash Number C000148642-02		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000148642		Reporting Agency CAD Number GSPG13CAD019230	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS	
Owner First Name C&S		Owner Middle Name FORESTRY		Owner Last Name LLC		Owner Suffix 	
Owner Business (if not Person) 		Address 520 CLEON WALDROP RD		City WHIGHAM		State GA	
Owner Phone Number 		Owner Phone Number (other) 		Insurance Company NATIONAL INDEMNITY COMPANY		Insurance Policy Number 70AP5036751	
Vehicle Removal DRIVEN - NOT DISABLED				Vehicle Towed By 		Wrecker Selection Method 	
Trailer One 	State GA	License Number TL6BJ74	Registration Expires 04/07/2014	<input type="checkbox"/> Permanent Registration	VIN 1PELP4320VP971034	Year 1997	Make PITTS
Model LOG TRAILER		Color TIT		Length 		Axles 	
Direction of Travel Before Crash EASTBOUND		Speed: Estimated 65	Posted 65	Roadway Type DIVIDED HIGHWAY		Total Lanes 4	Roadway Horizontal Alignment CURVE RIGHT
Trafficway Description TWO-WAY DIVIDED POSITIVE MEDIAN BARRIER				Traffic Control Device Type NO CONTROLS		Roadway Grade LEVEL	
Roadway Description for Vehicle Travel SR 38 @ SR 310				Working Properly 			
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD				Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle) FUNCTIONAL DAMAGE	
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT				1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT			
2nd Sequence of Events Type (this vehicle) UNKNOWN				2nd Sequence of Events Detail (this vehicle) 			
3rd Sequence of Events Type (this vehicle) UNKNOWN				3rd Sequence of Events Detail (this vehicle) 			
4th Sequence of Events Type (this vehicle) UNKNOWN				4th Sequence of Events Detail (this vehicle) 			
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT				Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT			
Contributing Circumstances 1 (this vehicle) NONE				Contributing Circumstances 2 (this vehicle) NONE			
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown			
<input checked="" type="checkbox"/> CMV Gross Vehicle Weight Rating MORE THAN 26000 LBS (11793 KG)				Commercial Motor Vehicle Configuration TRUCK TRACTOR/SEMI-TRAILER			
Hazardous Materials Released From Cargo NO				Hazardous Materials Placard NO		Placard Hazardous Material Number 	
Placard Hazard Class Number 				Motor Carrier Name C&S FORESTRY			
Address 520 CLEON-WALDROP RD				US DOT Number 1534250		Motor Carrier State GA	
Address Other 				City WHIGHAM		State GA	
Phone Number 				Source of Information 		Zip Code 39897	
Motor Carrier Commercial / Non-Commercial INTERSTATE CARRIER				Occupant Type DRIVER			
Person Name (First Middle Last Suffix) RONNIE CHRISTOPHER HALLMAN				Injury Status NO INJURY(O)			
DRIVER V01							
Person Type DRIVER		NM# 		Vehicle# V01		Person Type Detail 	
First Name AARON		Middle Name MICHAEL		Last Name BRYAN		Suffix 	
Date of Birth 02/28/1991		Age 22		Sex M			
Address 207 COUNTRY CLUB RD		Address Other 		City BAINBRIDGE		State GA	
Phone Number 		Phone Number (other) 		Condition at Time of Crash APPARENTLY NORMAL		Zip Code 39819	
Driver License Number 053371284		Class C		Expires 02/28/2014		State GA	
Jurisdiction 02		Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE			
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FAILED TO YIELD RIGHT-OF-WAY				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use 			
Air Bag Deployed NOT APPLICABLE				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UNSPECIFIED			
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID DEC CO EMS		EMS Run Number 2013		Medical Facility Transported To BAINBRIDGE MEM. HOSPITAL	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type 		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use YES		Drug Test Type BLOOD		Drug Tested TEST GIVEN		Drug Test Result POSITIVE	
Drug Test Results OTHER CONTROLLED SUBSTANCE							

Crash Number C000148642-02	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000148642	Reporting Agency CAD Number GSPG13CAD019230
--------------------------------------	--	---	---

Violation Type Issued UNIFORM TRAFFIC CITATION	Number E01226508	Violation Description 40-6-391(A)(2) DUI / DRUGS / LESS SAFE
UNIFORM TRAFFIC CITATION	E01226509	40-6-70 FAILURE TO YIELD AT INTERSECTION OF ROADWAYS

DRIVER V02									
Person Type DRIVER		NM#	Vehicle# V02	Person Type Detail					
First Name RONNIE		Middle Name CHRISTOPHER		Last Name HALLMAN		Suffix	Date of Birth 01/30/1969	Age 44	Sex M
Address PO BOX 1621		Address Other		City QUINCY		State FL	Zip Code 32353		
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL					
Driver License Number H455723690300		Class A	Expires 01/30/2019	State FL	Jurisdiction 02	Type COMMERCIAL DRIVER LICENSE (CDL)	Status VALID LICENSE		
Drivers License Restrictions 1 NONE			Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE				<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use					
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED					
Trapped Extrication NOT TRAPPED									
Injury Severity Level Type NO INJURY(O)			Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash			
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result			

PASSENGER V01									
Person Type PASSENGER		NM#	Vehicle# V01	Person Type Detail					
First Name MICHAEL		Middle Name ANTHONY		Last Name MCENTEE		Suffix	Date of Birth 02/05/1969	Age 44	Sex M
Address 2795 DOTHAN RD		Address Other		City BAINBRIDGE		State GA	Zip Code 31717		
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL					
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other NOT APPLICABLE				<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use					
Air Bag Deployed NOT APPLICABLE				Ejection NOT EJECTED					
Trapped Extrication NOT TRAPPED									
Injury Severity Level Type NON FATAL INJURY			Injury Severity Level Detail NON-INCAPACITATING (B)			Primary or Most Obvious of Body Area Injured During Crash SPINE			
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID DEC CO EMS		EMS Run Number 2013		Medical Facility Transported To BAINBRIDGE MEM. HOSPITAL			
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result			

NARRATIVE: C000148642

Vehicle #1 was traveling south on SR 310. Vehicle #2 was traveling east on SR 38. Vehicle #1 failed to yield to vehicle #2 while attempting to cross SR 38. Vehicle #1 struck vehicle #2 in the left side with the front of vehicle #1. Area of impact was in the outside, eastbound traffic lane on SR 38 at its intersection with SR 310. After impact, vehicle #1 rotated counterclockwise and came to rest in the center of SR 38 in the eastbound traffic lane at its intersection with SR 310 facing north. After impact, vehicle #2 traveled 408 feet coming to a controlled rest on the south shoulder of SR 38. Vehicle #2 left 181 feet of trailer skids at the scene after impact.

Crash scene investigation recorded on DVD 372-009-13.

Note: Blood drawn by Phlebotomist Ashley Harden @ 1459 hours. Charges in the crash are Pending.

Note: Driver of Vehicle #1 was Positive for Methadone. Charges made 07/17/2013.

REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name GODBY, C	Signature 	Approving Officer Name VANLANDINGHAM JR, J.	Signature 
ID Number 0372	Rank SFC	ID Number 0551	Rank SERGEANT
Org / Unit G-14		Org / Unit G-14	

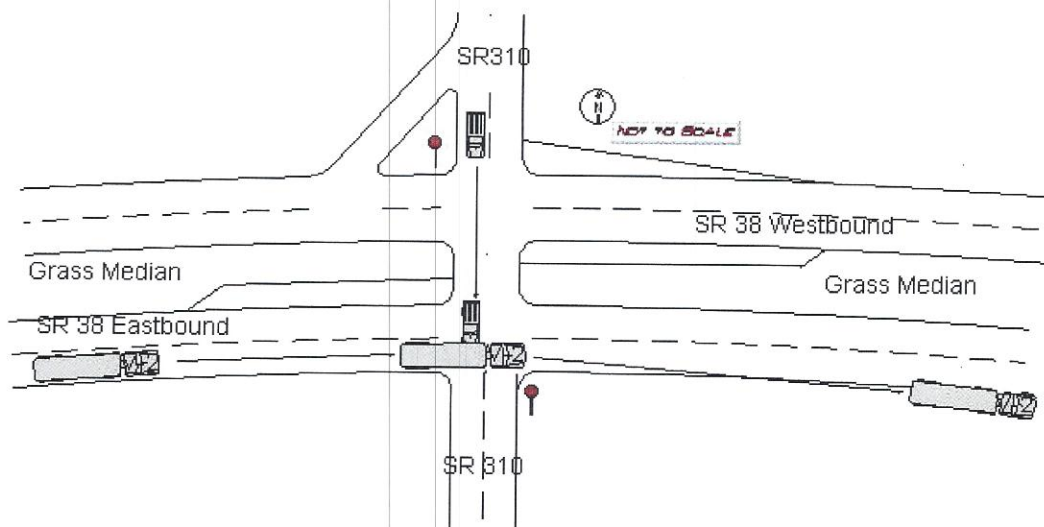
Crash Number
C000148642-02

Reporting Agency
GEORGIA DEPARTMENT OF PUBLIC SAFETY

Reporting Agency Case Number
C000148642

Reporting Agency CAD Number
GSPG13CAD019230

DIAGRAM OF ACCIDENT





STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol
Georgia Department of Public Safety
P.O. Box 1456
Atlanta, Georgia 30371-1456

Crash Number C000193695-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000193695	Reporting Agency CAD Number GSPG13CAD039982
--------------------------------------	--	---	---

CRASH IDENTIFIERS

County of Crash DECATUR	City or Place of Crash BRINSON	<input checked="" type="checkbox"/> City Limits	Crash Date/Time 08/29/2013 11:30 AM	Reported Date/Time 08/29/2013 11:33 AM	Dispatched Date/Time 08/29/2013 11:33 AM
On Scene Date/Time 08/29/2013 11:37 AM	Cleared Scene Date/Time 08/29/2013 01:00 PM	Complete Date/Time 08/29/2013 03:00 PM	Reason (if Investigation Not Complete)		Source of Information LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Roadway Description for Location of Occurrence GA 38	Distance to City or Place of Crash	Latitude N 30 58 13.34	Longitude W 84 44 0.28
Intersecting Roadway Description for Location of Occurrence GA 310	Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System YES	Roadway Functional Class Type RURAL	Roadway Functional Class Detail PRINCIPAL ARTERIAL-OTHER	
Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection STOP SIGNS ON CROSS STREET ONLY	Mainline Number of Lanes at Intersection FOUR TO SIX LANES	Side Road Number of Lanes at Intersection TWO LANES	

CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	<input checked="" type="checkbox"/> Crash Pictures Taken							
First Harmful Event Type COLLISION NON-FIXED OBJECT		First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT								
Total Counts	Vehicles 2	CMV 0	Motorists 2	Non-Motorists 0	Injured 2	Fatalities 0	Witnesses 1	Other Persons 0	Businesses 1	Violations 5
First Harmful Event's Relation to Junction NON-JUNCTION		Is First Harmful Event within Interchange Area NO		Type of Intersection FOUR-WAY INTERSECTION						
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE						
Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE						
School Bus Related NO		Work Zone Related NO		Crash Location in Work Zone						

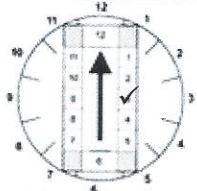
VEHICLE V01

<input checked="" type="checkbox"/> V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State EM	License Number GKF9278	Registration Expires 08/25/2015	<input type="checkbox"/> Permanent Registration	VIN 1FMZU73E8VZA62115
Year 2000	Make FORD	Model EXPLORER	Style SUV	Color BLU	Body Type Category (SPORT) UTILITY VEHICLE	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		
Owner First Name TYARA		Owner Middle Name A	Owner Last Name SMITH	Owner Suffix	Owner Business (if not Person)	
Address 61 MYRTLE DRIVE		Address Other #85		City LEROY	State NY	Zip Code 14482
Owner Phone Number		Owner Phone Number (other)		Insurance Company PROGRESSIVE	Insurance Policy Number UNKNOWN	
Vehicle Removal TOWED DUE TO DISABLING DAMAGE		Vehicle Towed By RATHEL'S WRECKER		Wrecker Selection Method ROTATION		
Direction of Travel Before Crash SOUTHBOUND	Speed: Estimated 65	Posted 65	Roadway Type DIVIDED HIGHWAY	Total Lanes 4	Roadway Horizontal Alignment STRAIGHT	Roadway Grade LEVEL
Trafficway Description TWO-WAY DIVIDED UNPROTECTED (PAINTED >4 FEET) MEDIAN		Traffic Control Device Type OTHER		Working Properly YES		
Roadway Description for Vehicle Travel GA 38 @ GA 310						
Vehicle Maneuver Action (by this vehicle) TURNING LEFT		Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle) DISABLING DAMAGE		

1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT	1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT
2nd Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT	2nd Sequence of Events Detail (this vehicle) TRAFFIC SIGN SUPPORT
3rd Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT	3rd Sequence of Events Detail (this vehicle) OTHER FIXED OBJECT
4th Sequence of Events Type (this vehicle) UNKNOWN	4th Sequence of Events Detail (this vehicle)
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT	Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT
Contributing Circumstances 1 (this vehicle) NONE	Contributing Circumstances 2 (this vehicle) NONE

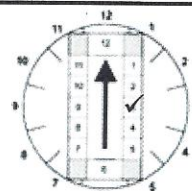
Area of Initial Impact

- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Most Damaged Area

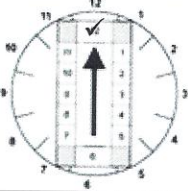
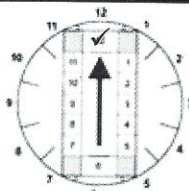
- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Occupant Type DRIVER	Person Name (First Middle Last Suffix) MARVIN BEARD	Injury Status NON FATAL INJURY
--------------------------------	---	--

VEHICLE V02

<input checked="" type="checkbox"/> V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number AJJ3257	Registration Expires 12/08/2013	<input type="checkbox"/> Permanent Registration	VIN 1FALP45X8VF116174
Year 1997	Make FORD	Model MUSTANG GT	Style CN	Color GLD	Body Type Category PASSENGER CAR	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		

Crash Number C000193695-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000193695		Reporting Agency CAD Number GSPG13CAD039982	
Owner First Name GREG		Owner Middle Name		Owner Last Name WILLIAMS		Owner Suffix	
Address 421 E PLAIN ST		Address Other		City DONALSONVILLE		State GA	
Owner Phone Number		Owner Phone Number (other)		Insurance Company STATE FARM		Insurance Policy Number 4210408E3011B	
Vehicle Removal TOWED DUE TO REASONS OTHER THAN VEHICLE DAMAGE				Vehicle Towed By DONALSONVILLE MOTORS		Wrecker Selection Method OWNER REQUEST	
Direction of Travel Before Crash EASTBOUND		Estimated Speed 65		Roadway Type DIVIDED HIGHWAY		Total Lanes 4	
Trafficway Description TWO-WAY DIVIDED UNPROTECTED (PAINTED >4 FEET) MEDIAN		Roadway Horizontal Alignment STRAIGHT		Roadway Grade LEVEL		Working Properly YES	
Traffic Control Device Type TRAFFIC CONTROL SIGNAL		Contributing Circumstances 1 (this vehicle) NONE		Contributing Circumstances 2 (this vehicle) NONE			
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD		Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle) DISABLING DAMAGE			
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT		1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT		2nd Sequence of Events Type (this vehicle) UNKNOWN		2nd Sequence of Events Detail (this vehicle)	
3rd Sequence of Events Type (this vehicle) UNKNOWN		3rd Sequence of Events Detail (this vehicle)		Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT		Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT	
Area of Initial Impact		Most Damaged Area					
<input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown		<input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown					
Occupant Type DRIVER		Person Name (First Middle Last Suffix) TAVORIS GREG WILLIAMS		Injury Status NON FATAL INJURY			
DRIVER V01							
Person Type DRIVER		NM#		Vehicle# V01		Person Type Detail	
First Name MARVIN		Middle Name		Last Name BEARD		Suffix	
Address 61 MYRTLE DRIVE		Address Other #85		City LEROY		State NY	
Phone Number		Phone Number (other)		Condition at Time of Crash UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL		Date of Birth 03/20/1962	
Driver License Number B0503248316300229562000		Class ID		Expires		Age 51	
Drivers License Restrictions 1 NONE		State NY		Jurisdiction 02		Sex M	
Drivers License Restrictions 2 NONE		Status SUSPENDED		Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions VISION NOT OBSCURED		Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OPERATED MOTOR VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR		Driver Actions at Time of Crash 2 (based on judgement of investigation officer) FAILED TO YIELD RIGHT-OF-WAY	
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT	
Motor Vehicle Seating Position: Other NOT APPLICABLE		Seating Position Unknown <input type="checkbox"/>		Restraint Systems SHOULDER AND LAP BELT USED		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED		Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UPPER EXTREMITY			
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID DECATUR EMS		EMS Run Number 2889A		Medical Facility Transported To BAINBRIDGE MEDICAL CENTER	
Injury Description (Type of injury inflicted to Primary or Most Obvious Body Area Injured during Crash. Can come from EMS / Hospital records). Neck and Back							
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use YES		Drug Test Type BLOOD		Drug Tested TEST REFUSED		Drug Test Result	
Violation Type Issued UNIFORM TRAFFIC CITATION		Number E0130254		Violation Description 40-5-121 DRIVING WHILE LICENSE SUSPENDED OR REVOKED			
UNIFORM TRAFFIC CITATION		E01303253		40-6-71 FAILURE TO YIELD WHILE TURNING LEFT			
UNIFORM TRAFFIC CITATION		E01303255		40-6-391(A)(2) DUI / DRUGS / LESS SAFE			
UNIFORM TRAFFIC CITATION		E01303256		16-13-2(B) POSSESSION OF MARIJUANA (LESS THAN 1 OZ)			
UNIFORM TRAFFIC CITATION		E01303257		16-13-75 DRUGS TO BE KEPT IN ORIGINAL CONTAINER			
DRIVER V02							
Person Type DRIVER		NM#		Vehicle# V02		Person Type Detail	
First Name TAVORIS		Middle Name GREG		Last Name WILLIAMS		Suffix	
Address 1548 RUCUS RDG		Address Other		City DONALSONVILLE		State GA	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL		Age 24	
						Zip Code 39845	

Crash Number C000193695-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY				Reporting Agency Case Number C000193695		Reporting Agency CAD Number GSPG13CAD039982	
Driver License Number 051641216	Class C	Expires 02/20/2015	State GA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE	Status VALID LICENSE			
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE					
Driver Distracted By NOT DISTRACTED					Driver Vision Obstructions VISION NOT OBSCURED				
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown		
Restraint Systems SHOULDER AND LAP BELT USED					Helmet Use				
Air Bag Deployed NOT DEPLOYED					Ejection NOT EJECTED				
Trapped Extrication NOT TRAPPED									
Injury Severity Level Type NON FATAL INJURY			Injury Severity Level Detail INCAPACITATING (A)			Primary or Most Obvious of Body Area Injured During Crash LOWER EXTREMITY			
Source of Transport to Medical Facility EMS AIR		EMS Agency Name or ID AIR METHOD		EMS Run Number N/A		Medical Facility Transported To TALLAHASSEE MEMORIAL			
Injury Description (Type of injury inflicted to Primary or Most Obvious Body Area injured during Crash. Can come from EMS / Hospital records). RIGHT ANKLE AND POSSIBLE INTERNAL BLEEDING.									
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result		BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result			

WITNESS

Person Type WITNESS		NM#	Vehicle#	Person Type Detail					
First Name PENNIE	Middle Name SHERELL	Last Name HARTSFIELD		Suffix	Date of Birth 12/02/1979	Age 33	Sex F		
Address 123 BRINSON ST		Address Other		City BRINSON	State GA	Zip Code 39825			
Phone Number 229-246-3315	Phone Number (other) 229-254-9024	Condition at Time of Crash APPARENTLY NORMAL							
Driver License Number 071691915	Class C	Expires 12/02/2016	State GA	Jurisdiction 02	Type	Status			

BUSINESS RECORD

Business Name DOT		Phone Number 229-524-5760	Phone Number (other)
Address 734 CRAWFORD STREET		Address Other	City DONALSONVILLE
		State GA	Zip Code 39845

NON VEHICLE PROPERTY DAMAGE

Description of Damaged Property STOP SIGN/DOT	Estimated Damage
Property Linked to Person / Business DOT	

NON VEHICLE PROPERTY DAMAGE

Description of Damaged Property BUILDING//LISA MCLENDON//115 GANDY HILL ROAD/BAINBRIDGE39817/229-254-2117	Estimated Damage
Property Linked to Person / Business	

NARRATIVE: C000193695

Evidence of this crash investigation indicates the following:



Vehicle #1 was traveling south from GA 310 across GA 38. Vehicle #2 was traveling east on GA 38 west of GA 310. Vehicle #1 entered the eastbound lanes of GA 38 without yielding to traffic. Vehicle #2 struck vehicle #1 in the right side with its front end. After impact, both vehicles traveled east approximately 50 feet leaving the roadway. Vehicle #1 struck a stop sign with its left side causing it to overturn onto its top side. Vehicle #2 continue to push vehicle #1 for approximately 15 feet coming to a uncontrolled final rest. Vehicle #1 then caught fire and completely burned. Vehicle #2 also then caught fire. Building at final rest location also caught fire and completely burned.

Vehicle #1 was removed by Rathel's Wrecker.

Vehicle #2 was removed by Donalsonville Motors.

This crash was recorded on DVD 913-041-13.

Refer to Incident Report I100121970.

REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name FRETWELL, D. TFC.	Signature 	Approving Officer Name GODBY, C	Signature 
ID Number 0913	Rank	ID Number 0372	Rank SFC
Org / Unit G-14		Org / Unit G-14	

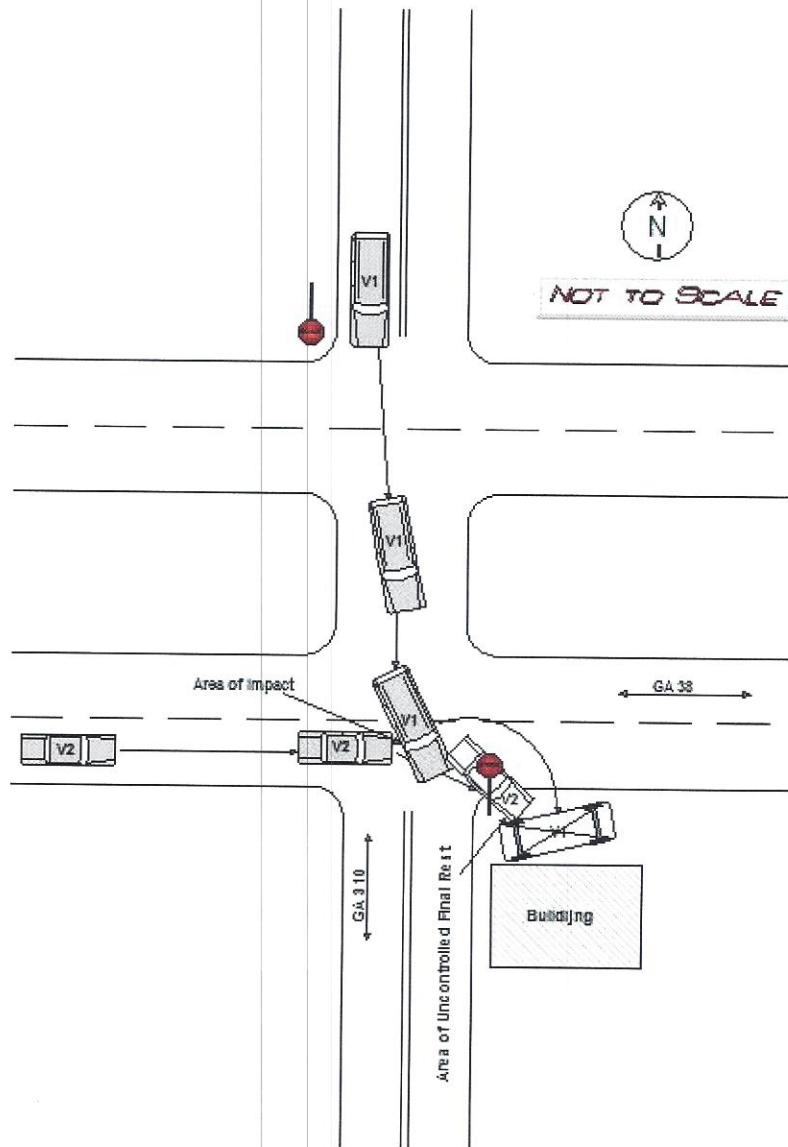
Crash Number
C000193695-01

Reporting Agency
GEORGIA DEPARTMENT OF PUBLIC SAFETY

Reporting Agency Case Number
C000193695

Reporting Agency CAD Number
GSPG13CAD039982

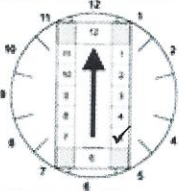
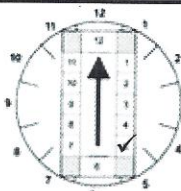
DIAGRAM OF ACCIDENT

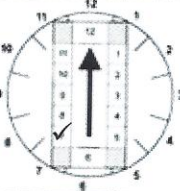
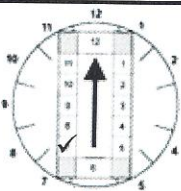




STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol
Georgia Department of Public Safety
P.O. Box 1456
Atlanta, Georgia 30371-1456

Crash Number C000194145-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000194145		Reporting Agency CAD Number GSPG13CAD043065						
CRASH IDENTIFIERS												
County of Crash DECATUR		City or Place of Crash BRINSON		<input checked="" type="checkbox"/> City Limits	Crash Date/Time 09/11/2013 08:35 AM		Reported Date/Time 09/11/2013 08:44 AM	Dispatched Date/Time 09/11/2013 08:44 AM				
On Scene Date/Time 09/11/2013 08:44 AM		Cleared Scene Date/Time 09/11/2013 09:30 AM		Complete Date/Time 09/11/2013 10:06 AM		Reason (if Investigation Not Complete)		Source of Information LAW ENFORCEMENT AGENCY				
ROADWAY INFORMATION												
Roadway Description for Location of Occurrence SR38				Distance to City or Place of Crash		Latitude N 30 58 15.05		Longitude W 84 44 0.29				
Intersecting Roadway Description for Location of Occurrence SR 310				Distance / Direction from Crash Location		<input type="checkbox"/> Roadway Blocked		Roadway Cleared Date/Time				
Part of National Highway System YES		Roadway Functional Class Type RURAL		Roadway Functional Class Detail PRINCIPAL ARTERIAL-OTHER								
Type of Shoulder UNPAVED		Roadway Lighting NO LIGHTING		Roadway Bikeway Facility NONE		Signed Bicycle Route NOT APPLICABLE						
Traffic Control Type at Intersection STOP SIGNS ON CROSS STREET ONLY		Mainline Number of Lanes at Intersection		Side Road Number of Lanes at Intersection								
CRASH INFORMATION												
Light Condition DAYLIGHT		Weather Condition CLEAR		Roadway Surface Condition DRY		<input type="checkbox"/> Crash Pictures Taken						
First Harmful Event Type COLLISION NON-FIXED OBJECT				First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT								
Total Counts		Vehicles 2	CMV 1	Motorists 4	Non-Motorists 0	Injured 0	Fatalities 0	Witnesses 1	Other Persons 0	Businesses 0	Violations 0	
First Harmful Event's Relation to Junction INTERSECTION-RELATED				Is First Harmful Event within Interchange Area YES		Type of Intersection FOUR-WAY INTERSECTION						
Contributing Circumstances: Environment NONE				Contributing Circumstances: Environment NONE				Contributing Circumstances: Environment NONE				
Contributing Circumstances: Road NONE				Contributing Circumstances: Road NONE				Contributing Circumstances: Road NONE				
School Bus Related NO				Work Zone Related NO				Crash Location in Work Zone				
VEHICLE V01												
<input checked="" type="checkbox"/> V01		Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT		State GA		License Number IR4794		Registration Expires 07/31/2014		<input type="checkbox"/> Permanent Registration		
Year 2004		Make FREIGHTLINER		Model CONVENTIONAL C		Style TR		Color WHI		Body Type Category MEDIUM / HEAVY TRUCKS (MORE THAN 10000 LBS (4536		
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NO				Type of Bus Use NOT A BUS				
Owner First Name JOEY		Owner Middle Name LYNN		Owner Last Name MC MILLAN		Owner Suffix		Owner Business (if not Person)				
Address 2255 DOTHAN ROAD				Address Other				City BAINBRIDGE		State GA		Zip Code 39817
Owner Phone Number		Owner Phone Number (other)		Insurance Company PROGRESSIVE MOUNTAIN INS CO				Insurance Policy Number 08338600-1				
Vehicle Removal DRIVEN - NOT DISABLED				Vehicle Towed By JOEY MC MILLAN, OWNER				Wrecker Selection Method				
Trailer One GA		License Number TL3U970		Registration Expires 05/31/2014		<input type="checkbox"/> Permanent Registration		VIN T727541		Year 1981		
Direction of Travel Before Crash WESTBOUND		Speed: Estimated 65		Roadway Type DIVIDED HIGHWAY		Total Lanes 4		Roadway Horizontal Alignment CURVE LEFT		Roadway Grade LEVEL		
Trafficway Description TWO-WAY DIVIDED POSITIVE MEDIAN BARRIER				Traffic Control Device Type NO CONTROLS				Working Properly				
Roadway Description for Vehicle Travel SR 38 @ SR 310												
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD				Hit & Run (by this vehicle) YES DRIVER OR CAR AND DRIVER LEFT SCENE				Damage Extent (for this vehicle) MINOR DAMAGE				
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT				1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT								
2nd Sequence of Events Type (this vehicle) UNKNOWN				2nd Sequence of Events Detail (this vehicle)								
3rd Sequence of Events Type (this vehicle) UNKNOWN				3rd Sequence of Events Detail (this vehicle)								
4th Sequence of Events Type (this vehicle) UNKNOWN				4th Sequence of Events Detail (this vehicle)								
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT				Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT								
Contributing Circumstances 1 (this vehicle) UNKNOWN				Contributing Circumstances 2 (this vehicle) NONE								
<div>Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown</div> 				<div>Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown</div> 								
<input checked="" type="checkbox"/> CMV		Gross Vehicle Weight Rating MORE THAN 26000 LBS (11793 KG)		Commercial Motor Vehicle Configuration TRUCK TRACTOR/SEMI-TRAILER								
Hazardous Materials Released From Cargo NO				Hazardous Materials Placard NO		Placard Hazardous Material Number		Placard Hazard Class Number				

Crash Number C000194145-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000194145		Reporting Agency CAD Number GSPG13CAD043065	
Motor Carrier Name J S AND A TRUCKIN				US DOT Number 2041027		Motor Carrier State GA	
Address 2255 DOTHAN ROAD		Address Other		City BAINBRIDGE		State GA	
Phone Number		Source of Information		Motor Carrier Commercial / Non-Commercial INTERSTATE CARRIER		Zip Code 39817	
Occupant Type DRIVER		Person Name (First Middle Last Suffix) MIGUEL FLORES		Injury Status NO INJURY(O)			
VEHICLE V02							
Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT		State GA		License Number BWH3422		Registration Expires 11/09/2013	
Year 2002		Make FORD		Model LGT CONVTLN 'F		VIN 2FTRX17W02CB00369	
Style TK		Color GRY		Body Type Category PICKUP		Permanent Registration <input type="checkbox"/>	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS			
Owner First Name HARDY		Owner Middle Name GAYNOR		Owner Last Name POWELL JR		Owner Suffix	
Address 259 N HODGES ST		Address Other		City BRINSON		State GA	
Owner Phone Number		Owner Phone Number (other)		Insurance Company GA FARM BUREAU		Insurance Policy Number ACV23649210106	
Vehicle Removal DRIVEN - NOT DISABLED		Vehicle Towed By		Wrecker Selection Method			
Direction of Travel Before Crash WESTBOUND		Speed: Estimated 65		Roadway Type DIVIDED HIGHWAY		Total Lanes 4	
Roadway Description TWO-WAY DIVIDED POSITIVE MEDIAN BARRIER		Roadway Horizontal Alignment CURVE LEFT		Roadway Grade LEVEL		Working Properly <input type="checkbox"/>	
Traffic Control Device Type NO CONTROLS							
Roadway Description for Vehicle Travel SR 38 AT SR 310							
Vehicle Maneuver Action (by this vehicle) TURNING RIGHT		Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle) FUNCTIONAL DAMAGE			
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT		1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT					
2nd Sequence of Events Type (this vehicle) UNKNOWN		2nd Sequence of Events Detail (this vehicle)					
3rd Sequence of Events Type (this vehicle) UNKNOWN		3rd Sequence of Events Detail (this vehicle)					
4th Sequence of Events Type (this vehicle) UNKNOWN		4th Sequence of Events Detail (this vehicle)					
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT		Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT					
Contributing Circumstances 1 (this vehicle) NONE		Contributing Circumstances 2 (this vehicle) NONE					
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown			
Occupant Type DRIVER		Person Name (First Middle Last Suffix) HARDY GAYNOR POWELL		Injury Status NO INJURY(O)			
PASSENGER		DANNY GENE EARP		NO INJURY(O)			
PASSENGER		ROBERT LEE BELL		NO INJURY(O)			
DRIVER V01							
Person Type DRIVER		NM#		Vehicle# V01		Person Type Detail	
First Name MIGUEL		Middle Name		Last Name FLORES		Suffix	
Address 132 RUTH DR		Address Other		City BAINBRIDGE		State GA	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL		Date of Birth 01/14/1979	
Driver License Number 056857717		Class A		Expires 01/14/2016		Age 34	
State GA		Jurisdiction 02		Type COMMERCIAL DRIVER LICENSE (CDL)		Sex M	
Commercial Motor Vehicle Endorsements N-TANK VEHICLE		Status VALID LICENSE		<input type="checkbox"/> Recommend Driver ReExam			
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By UNKNOWN		Driver Vision Obstructions VISION NOT OBSCURED					
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FAILED TO KEEP IN PROPER LANE		Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED		Helmet Use					
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED					
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash			
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	

Crash Number C000194145-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000194145		Reporting Agency CAD Number GSPG13CAD043065	
--------------------------------------	--	--	--	---	--	---	--

DRIVER V02

Person Type DRIVER		NM#	Vehicle# V02	Person Type Detail			
First Name HARDY	Middle Name GAYNOR	Last Name POWELL		Suffix	Date of Birth 11/09/1959	Age 53	Sex M
Address PO BOX 817		Address Other		City BRINSON	State GA	Zip Code 39825	
Phone Number	Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL				
Driver License Number 055906056	Class C	Expires 11/09/2013	State GA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE	Status VALID LICENSE	
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE		
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash		
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To		
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result	BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result		

PASSENGER V02

Person Type PASSENGER		NM#	Vehicle# V02	Person Type Detail			
First Name DANNY	Middle Name GENE	Last Name EARP		Suffix	Date of Birth 05/21/1963	Age 50	Sex M
Address 2675 YATES SPRING RD		Address Other		City BRINSON	State GA	Zip Code 39825	
Phone Number	Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash		
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To		
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result	BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result		

PASSENGER V02

Person Type PASSENGER		NM#	Vehicle# V02	Person Type Detail			
First Name ROBERT	Middle Name LEE	Last Name BELL		Suffix	Date of Birth 05/07/1973	Age 40	Sex M
Address 1074 ZORN ROAD		Address Other		City BAINBRIDGE	State GA	Zip Code 39817	
Phone Number	Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL				
Motor Vehicle Seating Position: Row SECOND		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash		
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number	Medical Facility Transported To		
Law Enforcement Suspected Alcohol Use NO	Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result	BAC	
Law Enforcement Suspected Drug Use NO	Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result		

WITNESS

Person Type WITNESS		NM#	Vehicle#	Person Type Detail			
First Name EARNST	Middle Name PAUL	Last Name READ		Suffix	Date of Birth 06/15/1988	Age 25	Sex M
Address 5511 WILL TRAWICK RD		Address Other		City IRON CITY	State GA	Zip Code 39859	
Phone Number	Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL				

Crash Number C000194145-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000194145	Reporting Agency CAD Number GSPG13CAD043065
--------------------------------------	--	---	---

NARRATIVE: C000194145

Vehicle #1 and vehicle #2 were traveling west on SR 38. The witness vehicle was directly behind vehicle #2. Witness vehicle changed into the inside westbound lane. Vehicle #2 was attempting to turn right onto SR 310. Vehicle #1 struck vehicle #2 in the left side with right rear of the trailer. The driver of vehicle #1 stated that he did not see vehicle #2 because it was in his blind spot. The driver of vehicle #1 continued west on SR 38 into Seminole County. The driver of vehicle #2 followed until he was able to get him to pull over. Investigating Trooper returned to the area of impact and located the mirror that was removed from vehicle #2 during the crash. The mirror was laying in the roadway at the area of impact.

Note: The driver of vehicle #1 had a valid warrant for his arrest and was transported to Decatur County by Seminole County Sheriff's Office.

Crash scene recorded on DVD 372-019-13.

REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name GODBY, C	Signature <i>SR C. Godby</i>	Approving Officer Name JONES, K.	Signature <i>CP Jones #519</i>
ID Number 0372	Rank SFC	ID Number 0519	Rank CORPORAL
Org / Unit G-14		Org / Unit G-14	

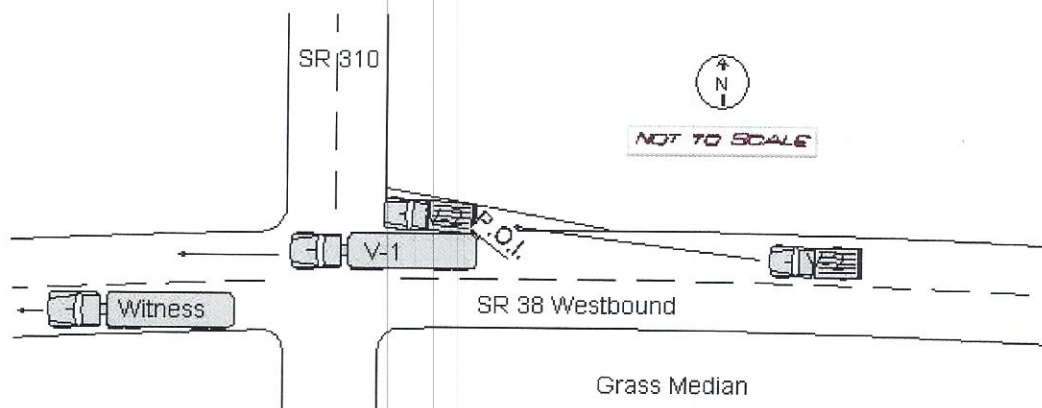
Crash Number
C000194145-01

Reporting Agency
GEORGIA DEPARTMENT OF PUBLIC SAFETY

Reporting Agency Case Number
C000194145

Reporting Agency CAD Number
GSPG13CAD043065

DIAGRAM OF ACCIDENT





STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol
Georgia Department of Public Safety
P.O. Box 1456
Atlanta, Georgia 30371-1456

Crash Number C000170998-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000170998	Reporting Agency CAD Number GSPG13CAD044582
--------------------------------------	--	---	---

CRASH IDENTIFIERS

County of Crash DECATUR	City or Place of Crash <input type="checkbox"/> City Limits	Crash Date/Time 09/21/2013 03:18 PM	Reported Date/Time 09/21/2013 03:19 PM	Dispatched Date/Time 09/21/2013 03:24 PM
On Scene Date/Time 09/21/2013 03:45 PM	Cleared Scene Date/Time 09/21/2013 05:00 PM	Complete Date/Time 09/21/2013 05:43 PM	Reason (if Investigation Not Complete)	Source of Information LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Roadway Description for Location of Occurrence SR38 SR310	Distance to City or Place of Crash	Latitude N 30 58 14.71	Longitude W 84 43 59.56
Intersecting Roadway Description for Location of Occurrence	Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System YES	Roadway Functional Class Type RURAL	Roadway Functional Class Detail MAJOR COLLECTOR	
Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection NO CONTROL	Mainline Number of Lanes at Intersection	Side Road Number of Lanes at Intersection	

CRASH INFORMATION

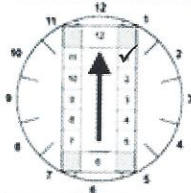
Light Condition DAYLIGHT	Weather Condition CLOUDY	Roadway Surface Condition WET	<input type="checkbox"/> Crash Pictures Taken							
First Harmful Event Type COLLISION NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT									
Total Counts	Vehicles 2	CMV 0	Motorists 4	Non-Motorists 0	Injured 4	Fatalities 0	Witnesses 0	Other Persons 1	Businesses 1	Violations 0
First Harmful Event's Relation to Junction INTERSECTION	Is First Harmful Event within Interchange Area NO	Type of Intersection FOUR-WAY INTERSECTION								
Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE							
Contributing Circumstances: Road NONE	Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE							
School Bus Related NO	Work Zone Related NO		Crash Location in Work Zone							

VEHICLE V01

<input checked="" type="checkbox"/> V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number BVV0287	Registration Expires 06/19/2014	<input type="checkbox"/> Permanent Registration	VIN 5FN9F28176B050432
Year 2006	Make HONDA	Model PILOT	Style MP	Color GLD	Body Type Category (SPORT) UTILITY VEHICLE	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS			
Owner First Name HELEN	Owner Middle Name YATES	Owner Last Name KING	Owner Suffix	Owner Business (if not Person)		
Address 231 YATES RD		Address Other		City BRINSON	State GA	Zip Code 39825-1947
Owner Phone Number 229-246-4710	Owner Phone Number (other) 229-220-5909	Insurance Company FARM BUREAU	Insurance Policy Number APV2503863-03-05			
Vehicle Removal TOWED DUE TO DISABLING DAMAGE	Vehicle Towed By JIMMYS		Wrecker Selection Method ROTATION			
Direction of Travel Before Crash NORTHBOUND	Speed: Estimated 55	Posted 55	Roadway Type UNDIVIDED HIGHWAY	Total Lanes 2	Roadway Horizontal Alignment STRAIGHT	Roadway Grade LEVEL
Trafficway Description TWO-WAY NOT DIVIDED	Traffic Control Device Type STOP SIGN		Working Properly YES			
Roadway Description for Vehicle Travel SR38 SR310						
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle) DISABLING DAMAGE			
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT	1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT					
2nd Sequence of Events Type (this vehicle) UNKNOWN	2nd Sequence of Events Detail (this vehicle)					
3rd Sequence of Events Type (this vehicle) UNKNOWN	3rd Sequence of Events Detail (this vehicle)					
4th Sequence of Events Type (this vehicle) UNKNOWN	4th Sequence of Events Detail (this vehicle)					
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT	Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT					
Contributing Circumstances 1 (this vehicle) NONE	Contributing Circumstances 2 (this vehicle) NONE					

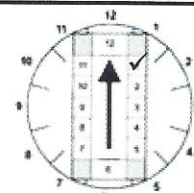
Area of Initial Impact

- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Most Damaged Area

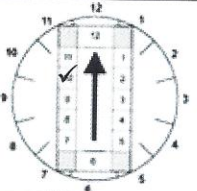
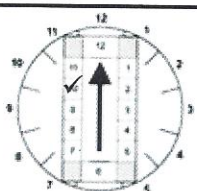
- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Occupant Type DRIVER	Person Name (First Middle Last Suffix) HELEN YATES KING	Injury Status NON FATAL INJURY
--------------------------------	---	--

VEHICLE V02

<input checked="" type="checkbox"/> V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State FL	License Number K203NE	Registration Expires 02/02/2014	<input type="checkbox"/> Permanent Registration	VIN 1FMDU62K43UA68981
Year 2003	Make FORD	Model EXPLORER	Style UT	Color GLD	Body Type Category (SPORT) UTILITY VEHICLE	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS			

Crash Number C000170998-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000170998		Reporting Agency CAD Number GSPG13CAD044582	
Owner First Name GERALDINE		Owner Middle Name MARIE		Owner Last Name KIDD		Owner Suffix	
Address PO BOX 95		Address Other		City IRON CITY		State GA	
Owner Phone Number 229-220-1055		Owner Phone Number (other)		Insurance Company STATE FARM		Insurance Policy Number C18-5225-F20-59-0	
Vehicle Removal TOWED DUE TO DISABLING DAMAGE				Vehicle Towed By DONALSONVILLE MOTOR COMPANY		Wrecker Selection Method OWNER REQUEST	
Direction of Travel Before Crash WESTBOUND		Speed: Estimated 65		Roadway Type DIVIDED HIGHWAY		Total Lanes 4	
Trafficway Description TWO-WAY DIVIDED POSITIVE MEDIAN BARRIER		Roadway Description for Vehicle Travel SR38 SR310		Traffic Control Device Type NO CONTROLS		Roadway Horizontal Alignment CURVE LEFT	
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD		Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle) DISABLING DAMAGE		Working Properly	
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT		1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT		2nd Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT		2nd Sequence of Events Detail (this vehicle) OTHER POST POLE OR SUPPORT	
3rd Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT		3rd Sequence of Events Detail (this vehicle) FENCE		4th Sequence of Events Type (this vehicle) UNKNOWN		4th Sequence of Events Detail (this vehicle)	
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT		Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT		Contributing Circumstances 1 (this vehicle) NONE		Contributing Circumstances 2 (this vehicle) NONE	
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown			
Occupant Type DRIVER		Person Name (First Middle Last Suffix) GERALDINE MARIE KIDD		Injury Status NON FATAL INJURY			
PASSENGER		ALEIGH HAMILTON		NON FATAL INJURY			
PASSENGER		JOSHUA HAMILTON		NON FATAL INJURY			

DRIVER V01							
Person Type DRIVER		NM#		Vehicle# V01		Person Type Detail	
First Name HELEN		Middle Name YATES		Last Name KING		Suffix	
Address 231 YATES RD		Address Other		City BRINSON		State GA	
Phone Number 229-246-4710		Phone Number (other) 229-220-5909		Condition at Time of Crash APPARENTLY NORMAL		Zip Code 39825	
Driver License Number 054405459		Class C		Expires 06/19/2018		Status VALID LICENSE	
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions VISION NOT OBSCURED		Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FAILED TO YIELD RIGHT-OF-WAY		Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION	
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT	
Motor Vehicle Seating Position: Other NOT APPLICABLE		Seating Position Unknown <input type="checkbox"/>		Restraint Systems SHOULDER AND LAP BELT USED		Helmet Use	
Air Bag Deployed NOT DEPLOYED		Ejection NOT EJECTED		Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash THORAX (CHEST)			
Source of Transport to Medical Facility OTHER		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To BAINBRIDGE	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested		Drug Test Result	

DRIVER V02							
Person Type DRIVER		NM#		Vehicle# V02		Person Type Detail	
First Name GERALDINE		Middle Name MARIE		Last Name KIDD		Suffix	
Address PO BOX 95		Address Other		City IRON CITY		State GA	
Phone Number 229-220-1055		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL		Zip Code 39859	
Driver License Number K300293625421		Class E		Expires 02/02/2020		Status VALID LICENSE	
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions VISION NOT OBSCURED		Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION	

Crash Number C000170998-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000170998		Reporting Agency CAD Number GSPG13CAD044582	
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication TRAPPED & EXTRICATED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash FACE			
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID DECATUR		EMS Run Number 001		Medical Facility Transported To DONALSONVILLE	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	
PASSENGER V02							
Person Type PASSENGER		NM#	Vehicle# V02	Person Type Detail			
First Name ALEIGH		Middle Name		Last Name HAMILTON		Suffix	Date of Birth Age Sex 8 F
Address 3035 AMES ST		Address Other		City PUNTA GORDA		State FL	Zip Code 33950
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UNSPECIFIED			
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID DECATUR		EMS Run Number 001		Medical Facility Transported To DONALSONVILLE	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	
PASSENGER V02							
Person Type PASSENGER		NM#	Vehicle# V02	Person Type Detail			
First Name JOSHUA		Middle Name		Last Name HAMILTON		Suffix	Date of Birth Age Sex 6 M
Address 3025 AMES ST		Address Other		City PUNTA GORDA		State FL	Zip Code 33950
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
Motor Vehicle Seating Position: Row SECOND		Motor Vehicle Seating Position: Seat MIDDLE		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UNSPECIFIED			
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID DECATUR		EMS Run Number 001		Medical Facility Transported To DONALSONVILLE	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	
PROPERTY OWNER							
Person Type PROPERTY OWNER		NM#	Vehicle#	Person Type Detail			
First Name DANA		Middle Name		Last Name GRIFFIN		Suffix	Date of Birth Age Sex F
Address 101 OLD BAINBRIDGE RD		Address Other		City BRINSON		State GA	Zip Code 39825
Phone Number 229-220-6151		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
BUSINESS RECORD							
Business Name CITY OF BRINSON		Address GA 310		Phone Number 229-220-4453		Phone Number (other)	
Address GA 310		Address Other		City BRINSON		State GA	Zip Code 39825
NON VEHICLE PROPERTY DAMAGE							
Description of Damaged Property FENCE						Estimated Damage	
Property Linked to Person / Business Griffin, Dana							
NON VEHICLE PROPERTY DAMAGE							
Description of Damaged Property CITY OF BRINSON SIGN						Estimated Damage	
Property Linked to Person / Business CITY OF BRINSON							
NARRATIVE: C000170998							

Crash Number C000170998-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000170998	Reporting Agency CAD Number GSPG13CAD044582
--------------------------------------	--	---	---

Vehicle # 1 was traveling north on GA 310 at GA 38. Vehicle # 2 was traveling west in the outside lane on GA 38 approaching the intersection of GA 310. Vehicle # 1 stopped at the stop sign at the intersection of GA 38. After stopping, Vehicle # 1 entered the intersection traveling north. Vehicle # 1 failed to yield to Vehicle # 2. The front of Vehicle # 1 struck the left side of Vehicle #2. After impact, Vehicle # 2 traveled off the north shoulder of the road, striking the City of Brinson sign and a fence. After impact, Vehicle # 1 came to final rest facing south east on the north edge of GA 38.

DVD # 551-028-2013



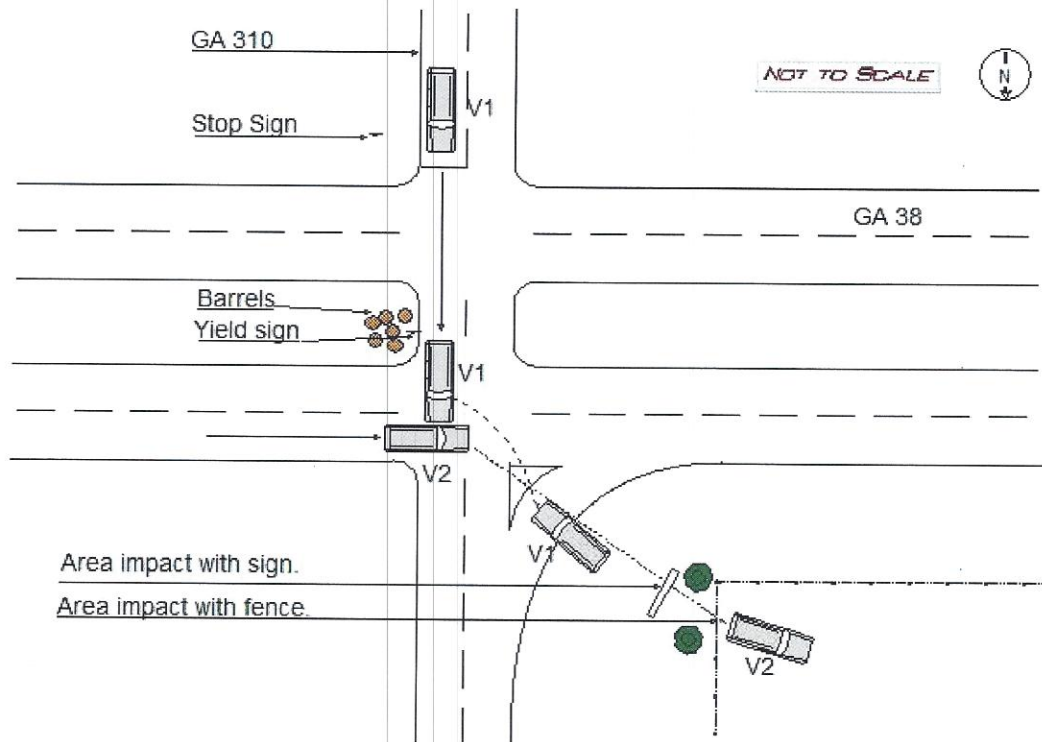
REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name VANLANDINGHAM JR, J.	Signature 	Approving Officer Name GODBY, C	Signature 
ID Number 0551	Rank SERGEANT	ID Number 0372	Rank SFC
Org / Unit G-14		Org / Unit G-14	

DIAGRAM OF ACCIDENT





STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol
Georgia Department of Public Safety
P.O. Box 1456
Atlanta, Georgia 30371-1456

Crash Number C000207280-01	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number C000207280	Reporting Agency CAD Number GSPG13CAD057984
--------------------------------------	--	---	---

CRASH IDENTIFIERS

County of Crash DECATUR	City or Place of Crash BRINSON	<input checked="" type="checkbox"/> City Limits	Crash Date/Time 12/01/2013 11:38 AM	Reported Date/Time 12/01/2013 11:40 AM	Dispatched Date/Time 12/01/2013 11:41 AM
On Scene Date/Time 12/01/2013 12:00 PM	Cleared Scene Date/Time 12/01/2013 02:30 PM	Complete Date/Time 12/03/2013 01:00 PM	Reason (if Investigation Not Complete)		Source of Information LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Roadway Description for Location of Occurrence GA 38	Distance to City or Place of Crash	Latitude N 30 58 15.74	Longitude W 84 43 59.90
Intersecting Roadway Description for Location of Occurrence GA 310	Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System YES	Roadway Functional Class Type RURAL	Roadway Functional Class Detail PRINCIPAL ARTERIAL-OTHER	
Type of Shoulder PAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection NO CONTROL	Mainline Number of Lanes at Intersection	Side Road Number of Lanes at Intersection	

CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	<input checked="" type="checkbox"/> Crash Pictures Taken							
First Harmful Event Type COLLISION NON-FIXED OBJECT		First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT								
Total Counts	Vehicles 2	CMV 0	Motorists 5	Non-Motorists 0	Injured 5	Fatalities 0	Witnesses 0	Other Persons 0	Businesses 2	Violations 1
First Harmful Event's Relation to Junction NON-JUNCTION		Is First Harmful Event within Interchange Area NO		Type of Intersection FOUR-WAY INTERSECTION						
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE						
Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE						
School Bus Related NO		Work Zone Related NO		Crash Location in Work Zone						

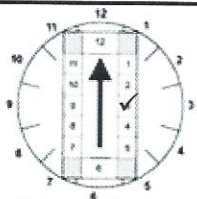
VEHICLE V01

Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number PGV5866	Registration Expires 01/31/2014	<input type="checkbox"/> Permanent Registration	VIN 1A4GP45R36B690469
Year 2006	Make CHRYSLER	Model TOWN & COUNTRY	Style VN	Color BLU	Body Type Category PASSENGER VAN
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS	
Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix	Owner Business (if not Person) BRINSON COMMUNITY CARE	
Address 549 BRINSON COLQUITT RD		Address Other		City BRINSON	State GA
Owner Phone Number	Owner Phone Number (other)	Insurance Company COUNTRY FINANCIAL	Insurance Policy Number G10A5361102		
Vehicle Removal TOWED DUE TO DISABLING DAMAGE		Vehicle Towed By MYERS		Wrecker Selection Method ROTATION	
Direction of Travel Before Crash NORTHBOUND	Speed: Estimated 55	Posted 55	Roadway Type UNDIVIDED HIGHWAY	Total Lanes 2	Roadway Horizontal Alignment STRAIGHT
Trafficway Description TWO-WAY NOT DIVIDED		Traffic Control Device Type STOP SIGN		Working Properly	
Roadway Description for Vehicle Travel GA 310					

Vehicle Maneuver Action (by this vehicle) ENTERING TRAFFIC LANE	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	Damage Extent (for this vehicle) DISABLING DAMAGE
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT	1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT	
2nd Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT	2nd Sequence of Events Detail (this vehicle) OTHER POST POLE OR SUPPORT	
3rd Sequence of Events Type (this vehicle) UNKNOWN	3rd Sequence of Events Detail (this vehicle)	
4th Sequence of Events Type (this vehicle) UNKNOWN	4th Sequence of Events Detail (this vehicle)	
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT	Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT	
Contributing Circumstances 1 (this vehicle) NONE	Contributing Circumstances 2 (this vehicle) NONE	

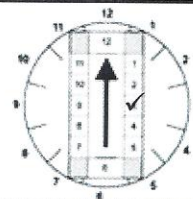
Area of Initial Impact

- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Most Damaged Area

- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Occupant Type DRIVER	Person Name (First Middle Last Suffix) LISA ANN WILLIAMS	Injury Status NON FATAL INJURY
PASSENGER	FLANDERS WARREN	NON FATAL INJURY

VEHICLE V02

Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State FL	License Number ADHY46	Registration Expires 08/23/2013	<input type="checkbox"/> Permanent Registration	VIN 1FMNU40L45EA84454
Year 2005	Make FORD	Model EXCURSION	Style UT	Color BLK	Body Type Category (SPORT) UTILITY VEHICLE

Crash Number C000207280-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000207280		Reporting Agency CAD Number GSPG13CAD057984	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		
Owner First Name BILL		Owner Middle Name		Owner Last Name HENDERSON		Owner Suffix	
Owner Business (if not Person)		Address 760 E BROCK AVE		City BONIFAY		State FL	
Owner Phone Number		Owner Phone Number (other)		Insurance Company GEICO		Insurance Policy Number 4306564933	
Vehicle Removal TOWED DUE TO DISABLING DAMAGE			Vehicle Towed By MYERS			Wrecker Selection Method ROTATION	
Direction of Travel Before Crash WESTBOUND		Speed: Estimated 65		Roadway Type DIVIDED HIGHWAY		Total Lanes 4	
Trafficway Description TWO-WAY DIVIDED UNPROTECTED (PAINTED >4 FEET) MEDIAN		Traffic Control Device Type NO CONTROLS		Roadway Horizontal Alignment CURVE LEFT		Roadway Grade LEVEL	
Roadway Description for Vehicle Travel GA 38		Working Properly					
Vehicle Maneuver Action (by this vehicle) NEGOTIATING A CURVE			Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE			Damage Extent (for this vehicle) DISABLING DAMAGE	
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT			1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT				
2nd Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT			2nd Sequence of Events Detail (this vehicle) TRAFFIC SIGN SUPPORT				
3rd Sequence of Events Type (this vehicle) COLLISION WITH FIXED OBJECT			3rd Sequence of Events Detail (this vehicle) UTILITY POLE/LIGHT SUPPORT				
4th Sequence of Events Type (this vehicle) UNKNOWN			4th Sequence of Events Detail (this vehicle)				
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT			Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT				
Contributing Circumstances 1 (this vehicle) NONE			Contributing Circumstances 2 (this vehicle) NONE				
Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown			Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				
Occupant Type DRIVER PASSENGER PASSENGER		Person Name (First Middle Last Suffix) EMILY MICHELLE HENDERSON COURTNEY NICOLE HENDERSON REAGAN DANIELLE HENDERSON			Injury Status NON FATAL INJURY NON FATAL INJURY NON FATAL INJURY		

DRIVER V01							
Person Type DRIVER		NM#		Vehicle# V01		Person Type Detail	
First Name LISA		Middle Name ANN		Last Name WILLIAMS		Suffix	
Address 203 PARKER ST		Address Other		City BAINBRIDGE		State GA	
Phone Number 229-246-9650		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL		Date of Birth 12/14/1966	
Driver License Number 054820920		Class C		Expires 12/14/2013		Age 46	
State GA		Jurisdiction 02		Type NON-CDL DRIVER'S LICENSE		Sex F	
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE		Status VALID LICENSE	
Driver Distracted By UNKNOWN				Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FAILED TO YIELD RIGHT-OF-WAY				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection EJECTED TOTALLY			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UPPER EXTREMITY			
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID DECATUR CO EMS		EMS Run Number 0313003446		Medical Facility Transported To SOUTH EAST MEDICAL CENTER	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	
Violation Type Issued UNIFORM TRAFFIC CITATION		Number E01385501		Violation Description 40-6-70 FAILURE TO YIELD AT INTERSECTION OF ROADWAYS			

PASSENGER V01							
Person Type PASSENGER		NM#		Vehicle# V01		Person Type Detail	
First Name FLANDERS		Middle Name		Last Name WARREN		Suffix	
Address 203 PARKER ST		Address Other		City BAINBRIDGE		State GA	
Phone Number 229-246-9650		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL		Date of Birth 07/22/1981	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other NOT APPLICABLE		Age 32	
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT		Helmet Use		<input type="checkbox"/> Seating Position Unknown		Sex M	

Crash Number C000207280-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000207280		Reporting Agency CAD Number GSPG13CAD057984	
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail INCAPACITATING (A)		Primary or Most Obvious of Body Area Injured During Crash UPPER EXTREMITY			
Source of Transport to Medical Facility EMS AIR		EMS Agency Name or ID AIR HEART		EMS Run Number 4048C		Medical Facility Transported To TALLAHASSE MEMORIAL HOSPITAL	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	

DRIVER V02							
Person Type DRIVER		NM#		Vehicle# V02		Person Type Detail	
First Name EMILY		Middle Name MICHELLE		Last Name HENDERSON		Suffix	
Date of Birth 01/29/1980		Age 33		Sex F			
Address 1412 A HWY 179		Address Other		City BONIFAY		State FL	
Phone Number 229-309-4291		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
Driver License Number H536213805290		Class E		Expires 01/29/2017		Status VALID LICENSE	
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash HEAD			
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID DECATUR CO. EMS		EMS Run Number 4048		Medical Facility Transported To MEMORIAL MANOR HOSPITAL	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	

PASSENGER V02							
Person Type PASSENGER		NM#		Vehicle# V02		Person Type Detail	
First Name COURTNEY		Middle Name NICOLE		Last Name HENDERSON		Suffix	
Date of Birth 01/29/1980		Age 14		Sex F			
Address 1412 A HWY 179		Address Other		City BONIFAY		State FL	
Phone Number 229-309-4291		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UPPER EXTREMITY			
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID DECATUR CO. EMS		EMS Run Number 4048		Medical Facility Transported To MEMORIAL MANOR HOSPITAL	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	

PASSENGER V02							
Person Type PASSENGER		NM#		Vehicle# V02		Person Type Detail	
First Name REAGAN		Middle Name DANIELLE		Last Name HENDERSON		Suffix	
Date of Birth 01/29/1980		Age 6		Sex M			
Address 1412 A HWY 179		Address Other		City BONIFAY		State FL	
Phone Number 229-309-4291		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL			
Motor Vehicle Seating Position: Row SECOND		Motor Vehicle Seating Position: Seat MIDDLE		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed NOT DEPLOYED				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash HEAD			
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID DECATUR CO. EMS		EMS Run Number 4048		Medical Facility Transported To MEMORIAL MANOR HOSPITAL	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	

Crash Number C000207280-01		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number C000207280		Reporting Agency CAD Number GSPG13CAD057984	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	
BUSINESS RECORD							
Business Name CITY OF BRINSON				Phone Number		Phone Number (other)	
Address P.O. BOX 728		Address Other		City BRINSON		State GA	
						Zip Code 39825	
BUSINESS RECORD							
Business Name GA D.O.T				Phone Number		Phone Number (other)	
Address		Address Other		City		State	
						Zip Code	
NON VEHICLE PROPERTY DAMAGE							
Description of Damaged Property YIELD SIGN						Estimated Damage	
Property Linked to Person / Business GA D.O.T							
NON VEHICLE PROPERTY DAMAGE							
Description of Damaged Property SIGN						Estimated Damage	
Property Linked to Person / Business CITY OF BRINSON							
NARRATIVE: C000207280							

Vehicle #1 was traveling north on GA 310. Vehicle #2 was traveling west on GA 38 in the outside lane. Vehicle #1 had entered into the median and was attempting to cross GA 38 westbound lanes. Vehicle #1 pulled out into vehicle #2's lane of travel. Driver #2 swerved to the right and applied brakes in an attempt to avoid striking vehicle #1. The front of vehicle #2 struck the right side of vehicle #1. Area of impact was on the outside edge of the outside westbound lane of GA 38. After impact, vehicle #1 rotated in a clockwise manner and traveled onto the west side of GA 310. The left side of vehicle #1 struck a sign on the west side of GA 310. Vehicle #1 came to an uncontrolled rest facing north east on the west side of GA 310. Vehicle #2 traveled onto the west side of GA 310 after impact. The front of vehicle #2 struck a yield sign on the west side of GA 310. After striking the sign, vehicle #2 continued traveling forward and struck a utility pole with it's front. Vehicle #2 came to an uncontrolled rest facing north west with it's front against the pole on the west side of GA 310.

DVD# 519-037-13

Pictures taken by CPL K.B. Jones #519



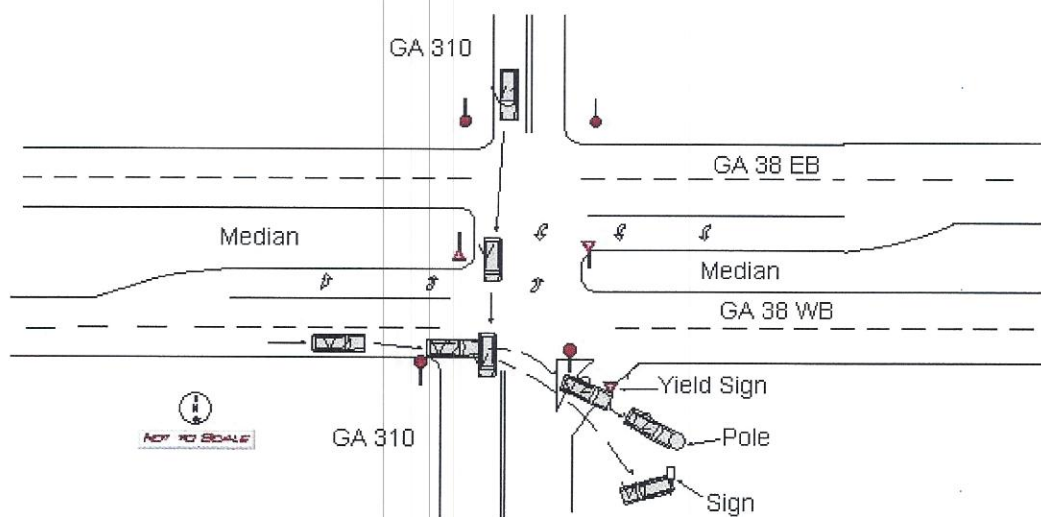
REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name JONES, K.	Signature 	Approving Officer Name GODBY, C	Signature 
ID Number 0519	Rank CORPORAL	ID Number 0372	Rank SFC
Org / Unit G-14		Org / Unit G-14	

DIAGRAM OF ACCIDENT





STATE OF GEORGIA TRAFFIC CRASH REPORT

Georgia State Patrol
Georgia Department of Public Safety
P.O. Box 1456
Atlanta, Georgia 30371-1456

Crash Number C000236915-02	Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY	Reporting Agency Case Number	Reporting Agency CAD Number GSPG14CAD040392
--------------------------------------	--	------------------------------	---

CRASH IDENTIFIERS

County of Crash DECATUR	City or Place of Crash BRINSON	<input type="checkbox"/> City Limits	Crash Date/Time 08/05/2014 12:45 PM	Reported Date/Time 08/05/2014 12:45 PM	Dispatched Date/Time 08/05/2014 12:46 PM
On Scene Date/Time 08/05/2014 01:12 PM	Cleared Scene Date/Time 08/05/2014 02:16 PM	Complete Date/Time 08/05/2014 02:20 PM	Reason (if Investigation Not Complete)	Source of Information LAW ENFORCEMENT AGENCY	

ROADWAY INFORMATION

Roadway Description for Location of Occurrence GA38 / US 84	Distance to City or Place of Crash	Latitude N 30 58 14.09	Longitude W 84 44 0.24
Intersecting Roadway Description for Location of Occurrence GA310	Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System YES	Roadway Functional Class Type RURAL	Roadway Functional Class Detail MAJOR COLLECTOR	
Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection STOP SIGNS ON CROSS STREET ONLY	Mainline Number of Lanes at Intersection TWO LANES	Side Road Number of Lanes at Intersection TWO LANES	

CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	<input type="checkbox"/> Crash Pictures Taken							
First Harmful Event Type COLLISION NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT									
Total Counts	Vehicles 2	CMV 0	Motorists 2	Non-Motorists 0	Injured 1	Fatalities 0	Witnesses 0	Other Persons 0	Businesses 0	Violations 1
First Harmful Event's Relation to Junction INTERSECTION-RELATED	Is First Harmful Event within Interchange Area NO		Type of Intersection FOUR-WAY INTERSECTION							
Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE							
Contributing Circumstances: Road NONE	Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE							
School Bus Related NO	Work Zone Related NO		Crash Location in Work Zone							

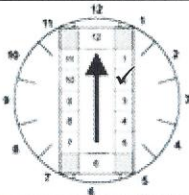
VEHICLE V01

<input checked="" type="checkbox"/> V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State GA	License Number DP8ZUG	Registration Expires 09/30/2014	<input type="checkbox"/> Permanent Registration	VIN 5GAKRDED0CJ404417
Year 2012	Make BUICK	Model ENCLAVE	Style MP	Color BRO	Body Type Category PASSENGER CAR	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		
Owner First Name FOSTER	Owner Middle Name EARL	Owner Last Name ALDRIDGE	Owner Suffix	Owner Business (if not Person)		
Address 386 BARBER RD		Address Other		City BRINSON	State GA	Zip Code 39825-2040
Owner Phone Number	Owner Phone Number (other)	Insurance Company STATE FARM	Insurance Policy Number 0222589-A06-11J			
Vehicle Removal TOWED DUE TO DISABLING DAMAGE		Vehicle Towed By RATHELS		Wrecker Selection Method ROTATION		
Direction of Travel Before Crash SOUTHBOUND	Speed: 55	Posted 55	Roadway Type DIVIDED HIGHWAY	Total Lanes 2	Roadway Horizontal Alignment STRAIGHT	Roadway Grade LEVEL
Trafficway Description TWO-WAY NOT DIVIDED		Traffic Control Device Type STOP SIGN		Working Properly		
Roadway Description for Vehicle Travel GA310						

Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	Damage Extent (for this vehicle) DISABLING DAMAGE
1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT	1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT	
2nd Sequence of Events Type (this vehicle) UNKNOWN	2nd Sequence of Events Detail (this vehicle)	
3rd Sequence of Events Type (this vehicle) UNKNOWN	3rd Sequence of Events Detail (this vehicle)	
4th Sequence of Events Type (this vehicle) UNKNOWN	4th Sequence of Events Detail (this vehicle)	
Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT	Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT	
Contributing Circumstances 1 (this vehicle) NONE	Contributing Circumstances 2 (this vehicle) NONE	

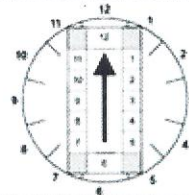
Area of Initial Impact

- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Most Damaged Area

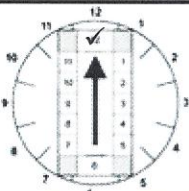
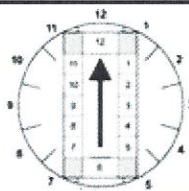
- ☐ Non Collision
☐ Top
☐ Undercarriage
☐ Unknown



Occupant Type DRIVER	Person Name (First Middle Last Suffix) FOSTER EARL ALDRIDGE	Injury Status NO INJURY(O)
--------------------------------	---	--------------------------------------

VEHICLE V02

<input checked="" type="checkbox"/> V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State AL	License Number D30P	Registration Expires 07/31/2015	<input type="checkbox"/> Permanent Registration	VIN 5FN1YF3H98DB022499
Year 2013	Make HONDA	Model PILOT	Style SPORT UTILITY	Color SIL	Body Type Category PASSENGER CAR	
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		

Crash Number C000236915-02		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number		Reporting Agency CAD Number GSPG14CAD040392	
Owner First Name MARY		Owner Middle Name ELLEN		Owner Last Name PLUMLEY		Owner Suffix	
Owner Business (if not Person)		Address 706 COUNTY ROAD 106		Address Other		City COLUMBIA	
State GA		Zip Code 36319		Owner Phone Number (other) 334-791-8170		Insurance Company OWNERS	
Owner Phone Number 243-693-5502		Insurance Policy Number 47-399-717-01		Vehicle Removal TOWED DUE TO DISABLING DAMAGE		Wrecker Selection Method ROTATION	
Direction of Travel Before Crash EASTBOUND		Speed: Estimated 65		Roadway Type DIVIDED HIGHWAY		Total Lanes 4	
Roadway Horizontal Alignment STRAIGHT		Roadway Grade LEVEL		Traffic Control Device Type NO CONTROLS		Working Properly	
Trafficway Description TWO-WAY DIVIDED POSITIVE MEDIAN BARRIER		Roadway Description for Vehicle Travel GA38,GA310		Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD		Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	
Damage Extent (for this vehicle) DISABLING DAMAGE		1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT		1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT		2nd Sequence of Events Type (this vehicle) UNKNOWN	
2nd Sequence of Events Detail (this vehicle)		3rd Sequence of Events Type (this vehicle) UNKNOWN		3rd Sequence of Events Detail (this vehicle)		4th Sequence of Events Type (this vehicle) UNKNOWN	
4th Sequence of Events Detail (this vehicle)		Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT		Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT		Contributing Circumstances 1 (this vehicle) NONE	
Contributing Circumstances 2 (this vehicle) NONE		Area of Initial Impact		Most Damaged Area			
<input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown				<input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown			
Occupant Type DRIVER		Person Name (First Middle Last Suffix) MARY ELLEN PLUMLEY		Injury Status NON FATAL INJURY			

DRIVER V01							
Person Type DRIVER		NM#		Vehicle# V01		Person Type Detail	
First Name FOSTER		Middle Name EARL		Last Name ALDRIDGE		Suffix	
Date of Birth 09/30/1933		Age 80		Sex M			
Address 386 BARBER RD		Address Other		City BRINSON		State GA	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL		Zip Code 39825	
Driver License Number 054732094		Class C		Expires 09/30/2017		State GA	
Jurisdiction 02		Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE			
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By UNKNOWN		Driver Vision Obstructions VISION NOT OBSCURED		Driver Actions at Time of Crash 1 (based on judgement of investigation officer) FAILED TO YIELD RIGHT-OF-WAY		Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION	
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT	
Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown		Restraint Systems SHOULDER AND LAP BELT USED		Helmet Use	
Air Bag Deployed DEPLOYED-COMBINATION		Ejection NOT EJECTED		Trapped Extrication NOT TRAPPED			
Injury Severity Level Type NO INJURY(O)		Injury Severity Level Detail		Primary or Most Obvious of Body Area Injured During Crash			
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	
Violation Type Issued UNIFORM TRAFFIC CITATION		Number E01619940		Violation Description 40-6-70 FAILURE TO YIELD AT INTERSECTION OF ROADWAYS			

DRIVER V02							
Person Type DRIVER		NM#		Vehicle# V02		Person Type Detail	
First Name MARY		Middle Name ELLEN		Last Name PLUMLEY		Suffix	
Date of Birth 09/17/1953		Age 60		Sex F			
Address 706 COUNTRY ROAD 106		Address Other		City COLUMBIA		State AL	
Phone Number		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL		Zip Code 36319	
Driver License Number 6180254		Class D		Expires 10/26/2016		State AL	
Jurisdiction 02		Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE			
Drivers License Restrictions 1 NONE		Drivers License Restrictions 2 NONE		Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions VISION NOT OBSCURED		Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION	

Crash Number C000236915-02		Reporting Agency GEORGIA DEPARTMENT OF PUBLIC SAFETY		Reporting Agency Case Number		Reporting Agency CAD Number GSPG14CAD040392	
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown	
Restraint Systems SHOULDER AND LAP BELT USED				Helmet Use			
Air Bag Deployed DEPLOYED-COMBINATION				Ejection NOT EJECTED			
Trapped Extrication NOT TRAPPED							
Injury Severity Level Type NON FATAL INJURY		Injury Severity Level Detail NON-INCAPACITATING (B)		Primary or Most Obvious of Body Area Injured During Crash UPPER EXTREMITY			
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To	
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Result BAC	
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Result	
NARRATIVE: C000236915							

Vehicle # 1 was traveling south on GA 310. Vehicle # 2 was traveling east on GA 38. After stopping at the intersection of Ga.38,the driver of vehicle # 1 attempted to cross GA 38. Vehicle # 1 crossed the westbound lane of Ga.38, and then attempted to cross the east bound lane of Ga.38. Driver of vehicle # 1 failed to yield the right away to # 2. Vehicle # 1 traveled into the path of vehicle # 2. Vehicle # 2's front end stuck vehicle #1's left side. After impact, both vehicles came to rest on the south shoulder of GA 38.

Note: This traffic crash was recorded by DVD # 618-039-2014vehicle

REPORTING OFFICER		APPROVING OFFICER (SUPERVISOR)	
Reporting Officer Name KIRKUS, J.	Signature	Approving Officer Name	Signature
ID Number 0618	Rank	ID Number	Rank
Org / Unit G-14		Org / Unit	

Crash Number
C000236915-02

Reporting Agency
GEORGIA DEPARTMENT OF PUBLIC SAFETY

Reporting Agency Case Number

Reporting Agency CAD Number
GSPG14CAD040392

DIAGRAM OF ACCIDENT

